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EDITED BY

N. S. DAVIS, M.D.

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THE CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

VOL. X.

SEPTEMBER, 1869.

NO. 9.

Original Contributions.

ARTICLE XXXIII.

REPORT OF COMMITTEE ON INSANITY.

(Read before the Illinois State Medical Society, May, 1869.)

TO THE ILLINOIS STATE MEDICAL SOCIETY:

Your Committee on Insanity make the following report:

The resolution creating the Committee charges it with the duty of inquiring, "What legislation, if any, is necessary to secure the rights and comforts of the insane previous to their admission to hospital care and treatment?" The subject, therefore, suggests a review of the laws in force in regard to the admission or commitment of insane persons to hospitals, and the Committee limit their report to medico-legal inquiries.

The statutes of Illinois are believed to be peculiar to this State, having no precedents in the country, outside its boundaries. They demand, as a prerequisite to receiving hospital care and treatment, that every possible form and case of insanity shall have a jury trial, the insane person being compelled to appear and remain present in open court during the trial, in order to determine the fact of the existence of insanity. The questions now arise: Are the provisions of this peculiar statute necessary in order to protect persons from wrongful imprisonment? Do they secure the rights and comforts of the insane? Or is it a legislation for exceptional cases? Is the law humane

in its bearings toward the insane? And if not, what legislation is desirable, as viewed from medico-legal standpoint by medical men?

That eminent jurist, Chief Justice Shaw, of the Supreme Judicial Court of Massachusetts, said: "The right to restrain an insane person of his liberty is found in that '*great law of humanity*,' which makes it necessary to confine those whose going at large would be dangerous to themselves or others. The necessity which creates the law creates the limitations of the law. If there is no right to exercise restraint for a fortnight, there is no right to exercise it for an hour; and if a man may be restrained in his own house, he may be restrained in an asylum. Besides, it is a principle in law, that an insane man has no will of his own. The question must then arise in each particular case, whether a person's own safety, or that of others, requires that he shall be restrained for a time, and whether restraint is *necessary for his restoration, or will be conducive thereto*. The restraint can continue as long as the necessity continues. This is the limitation, and the proper limitation."

Wharton and Stillé, in their Treatise on Medical Jurisprudence, say that: "There are necessarily cases of insanity, *when the health of the patient alone* requires confinement in an asylum, though there be no danger to himself or others. The law in such cases undoubtedly is, that confinement is justifiable if either the safety of the patient or others require it, or if it is necessary for his restoration to health."

Insane persons are none the less invalids than would be the case if the disease were located elsewhere than in the brain. Hospitals for insane persons are not prisons, designed for criminals, but places for the proper care and treatment of the sick. They are fitted and furnished so as to afford such safeguards, comforts, and appliances as are demanded for the best treatment of such invalids as may need to be committed to them, and who, on account of the character of the disease, cannot be as well cared for and treated at their homes. They are humane institutions, and their inmates are patients.

In other States than Illinois, what has been so aptly styled by Chief Justice Shaw as the "great law of humanity" is still recognized, in mainly intrusting the removal of insane persons from their homes, for hospital care and treatment, to the friends of the family (as counseled and advised by one or more physicians), who, more than others, are immediately interested in the welfare of the patient. But the law as it now stands in Illinois, with its cold formalities and damaging delays, interposes between the physician and his patient, between the husband and his sick wife, between the parent and his sick child, the brother and his invalid sister, and declares that in no case can an insane person receive hospital treatment within the bounds of the State, either in public or private institutions, either at public or private expense, without a public jury trial as to the fact of insanity.

In defence of the rigorous legal process now demanded, it is alleged that corrupt or incompetent physicians may be found, who, regardless or ignorant of their calling, *may* give fraudulent certificates of insanity; and that bribes *may* make the medical officers of hospitals for the insane accomplices in the crime of restraining sane persons under the guise of insanity.

Your Committee believe that the great crime of giving fraudulent certificates of insanity has never existed within the borders of the State; that false imprisonment, under the fraudulent plea of insanity, has not been substantiated in any one well authenticated case; and that the implied accusation of venality on the part of medical men is unjust. We are willing to admit that there may have been errors in diagnosis, though even this, so far as known, has not been substantiated. Patients have been sometimes adjudged insane, and so certified by medical examiners, and, when admitted to hospital, are found to have recovered, pending delays in correspondence and removal, prior to admission. But admitting that errors are liable to occur, and that bribes may procure false imprisonment, all experience and observation, throughout the whole country, go to show that the evil, if it really exists outside of morbid imaginations, must be only in the smallest possible proportions. Legislation

should be for the greatest good of the overwhelming majorities; and if most rarely an exceptional error or crime may be committed, the same may be said of the opinions and acts of men in all professions, and of the various opinions of medical men in regard to other patients than those who are insane, and in regard to which the law does not by special enactment presume to interfere. False imprisonment is every day resorted to in our large commercial cities by the officers of the law themselves, upon mere suspicion of crime; and false imprisonment may occur under the present law upon the plea of insanity, where the most evenly balanced cases are submitted to a jury of unskilled men who are believed to be not the most competent men to decide any purely medical question, and especially to determine a closely contested case of insanity. In all such cases, where the patient is undemonstrative in conduct, and where the morbid mental manifestations are obscure, the jury are wholly dependent upon medical opinions, which might much more profitably go directly to the court. Unskilled juries are not allowed to be judges of questions in law science, neither are they competent, nor should they be allowed to decide questions in medical science.

It is believed by those who have had largest opportunities for observation, that in ninety-nine cases out of every hundred that go to our hospitals, probably not more than two are of so obscure a type as to cause the slightest doubt in the mind of any physician; and surely such demonstrative cases need no judicial court investigation, and no jury trial as to the fact of insanity; and in the few doubtful, obscure, or evenly-balanced cases, the jury being wholly incompetent to decide, it follows that the jury, in regard to these purely scientific medical questions, is more expensive, and more ornamental than useful.

But there are a few exceptional cases which occupy that debatable ground on one or the other side of the diffused line of demarkation between possible sanity and undoubted insanity; and these may best be determined by a special commission of medical men, or possibly by a mixed commission, as proposed by Dr. Ray, composed of both medical and legal men; one or

more physicians, "in order that the medical inquiry should take the proper course, and a lawyer, that the legal proceedings should be correct, and the testimony should have legal correctness." It is a hardship and an inhumanity to subject the ninety-nine in every one hundred cases to the delays, expenses, exposures, and shock to the feelings of a jury trial in order to avoid a possible injustice to one single exceptional case which may be with ease specially provided for.

Your Committee have arrived at the opinion, that the laws in force in Illinois, in regard to the commitment of the insane for hospital treatment, are, in their application to a great majority of cases, positively damaging in their requirements and tendencies.

There are, for instance, certain cases of puerperal mania in which the patient has been subjected to the shock of parturition, drainage by hemorrhage, drainage by the lochial discharge, drainage by lactation, and still further depressed in force by abstinence from food, and loss of sleep. The case is one of excitement without force, with tendencies to fatal exhaustion. The chairman of your Committee has witnessed the trial, and I had almost said the execution, of one such case of puerperal mania, in which the excitement was terribly augmented by the presence of a gaping crowd. A lady of culture and refinement, from being comparatively quiet and manageable, gave way to loud vociferations, and finally to maniacal ravings, and the liberal use of the most obscene language, which is somewhat characteristic of these cases. The trial was as public as the most ardent admirers of the law could wish. Two men held the patient for two long hours, in the court room, awaiting the assembling of court, and the empanneling of a jury. The jury-men were selected, with one exception, from the crowd of seeming vagrants, who habitually hang about certain temples of justice in large cities. The court, in obedience to strict forms, goes through the fearful mockery of announcing to the lady on trial, and whose mind at the moment was in chaotic fury, "Madam, you are charged with being insane." "Are you ready for trial?" "Do you desire counsel?" The "profes-

sionals" in the jury-box are then supposed to listen to testimony in regard to the lady on trial, charged with having disease of the brain, and consequent morbid mental manifestations; and after having gravely asked the medical witness, whether the lady was "free from infectious disease and vermin," and whether there had "been any family quarrels of a domestic nature," and one or two other equally momentous questions, they retire for consultation. This case represents a class, and your Committee need scarcely say that such patients have no surplus strength to squander in court house exposures, and that such exhibitions are wholly unnecessary; that they are not demanded by the advancing science or civilization of the age; that they tend to jeopard the recovery of the patient, and sometimes life itself; and that they are revolting to the cultivated and humane instincts of a Christianized people.

There is another class of insane persons, some of them young females, just passing into the period of womanhood, some of them suicidal, in which the delusions are obscure, and the intellectual impairment is overshadowed by a perverted condition of the whole moral character of the individual. These timid persons need the protection and treatment which a well-conducted hospital alone can give; but to compel them to appear in open court as the subjects of inquisition, where their diseases and infirmities shall be recorded and published, and where also in connection the infirmities and infelicities of the family are often dragged to public gaze, is shocking to the feelings of the suffering patient and the family, and an unnecessary, even wanton exposure of matters which the public have no claim to know. In nearly or quite all such cases the law is, in effect, prohibitory of hospital treatment, so odious are its requirements; and the effect is to substitute home imprisonment, or at best home custody merely, for proper curative treatment.

There are also aged insane persons, and others who are feeble, some of them in whom fatal exhaustion is imminent, and where an overland journey of fifteen or twenty miles, perhaps in open wagons, and inclement seasons, to attend inquisitions, would damage the patient and jeopard recovery.

Your Committee believe that these feeble patients should not be subjected to needless fatigue, exposure, or delays, but should find needed hospital treatment through a shorter and more humane process than the law now provides. In some instances it is well known that several weeks or even months may elapse during which no court may be in session within the county where patients reside, and meantime the patient may remain in jail, associated with criminals awaiting trial, and be subjected to damaging delays, as well as damaging associations.

Your Committee are of the opinion, which accords also with all experience and observation, that, *as a rule*, insanity is only curable in its earliest stages, but that if skilful treatment be early applied, a very large majority of insane patients will recover; and that treatment in some well-managed hospital, while the case is still recent, affords the best available means for the recovery of the insane; that while every reasonable safeguard against false imprisonment should be given, laws should not be so restrictive as to result in rendering of no avail, even to the most quiet, unoffending insane person, the blessings of prompt curative treatment while the disease is amenable to treatment, and before confirmed lifelong insanity results. Your Committee believe that the laws in force put many hindrances in the way to the prompt use of those instrumentalities which are most efficient in promoting the comfort and recovery of the insane, and that its legitimate results are to leave many cases to become chronic and incurable, who should be restored to health, and that these patients, after having fruitlessly worn the families to whom they belong, and wasted their substance in vain efforts for relief, are finally thrown upon the State for a lifelong support.

As corroborative of our own views and opinions, the Committee think it not improper to introduce in this report the written opinions of several distinguished medical gentlemen who have had a large and varied experience in the treatment of the insane, extending over a period of a-quarter of a century, in which the study of the welfare of the insane has been the work of their whole professional lives.

Dr. Thomas S. Kirktride, the venerable and distinguished Medical Superintendent of the Pennsylvania Hospital for the Insane, writes to your Committee as follows:—

“My opinion of your law can be expressed in a few words. I am quite sure that a jury trial is not required for more than one case out of one hundred that apply for admission, and to compel the other ninety-nine to resort to this process is a great wrong to the afflicted, their friends, and the community. The practical effect must be to consign many to hopeless insanity, for it will prevent proper treatment where alone it is successful in the early stages of the disease. No one will subject a friend to such wanton exposure as long as it can be avoided; and barred rooms at homes, and desolate out-houses will again become the abodes of this afflicted class as they were before the establishment of hospitals. Such a law is a gross interference with the rights of families, and indirectly exposes the community to the risks always attending irresponsible persons having their liberty. It benefits no one, and it seems to me can originate only from a want of knowledge of the subject, and a reliance upon the statements of persons still laboring under mental disease, or actuated by bad motives. These opinions have not been hastily formed, as you know they are the result of more than thirty years' experience among the insane, and the care in that time of considerably over five thousand patients.”

Dr. John Curwin, for many years the Medical Superintendent of the State Hospital for the Insane, at Harrisburg, Pennsylvania, writes to the Committee as follows:—

“I believe the system of requiring a jury trial, before a patient can be admitted into a hospital for the insane, to be attended with infinite injury to the insane. It delays treatment; places them in the condition of criminals instead of sick persons; prevents early admission into institutions where alone they can have proper treatment; drags to public gaze the infirm, the weak and defenceless, who ought to be protected, shielded and cared for in the tenderest manner; exposes the private affairs of families and individuals to the gaping curiosity of the idle and busy bodies who delight in scandal; shocks all the finer feel-

ings of all who have any sensibility; compels many to be confined at home, or removed to a great distance, who might be soon cured by prompt and careful treatment, and puts them and their friends to an expense which they should not be called on to meet; and, in fact, I cannot see one redeeming feature in the plan. 'Tis a legislation for exceptional cases, which very rarely arise, and I have sometimes been inclined to suspect the sanity of any one who would insist on such a plan."

Dr. C. H. Nichols, Medical Superintendent of the Government Hospital for the Insane, at Washington, D. C., says, in a discussion of this subject, before the Association of Medical Superintendents of Hospitals for the Insane:—

"If a man suffering from the delirium of fever is bent on jumping out of his window, and a strong shutter or watch is placed in his way, there is just as much reason for raising the senseless cry of 'incarceration,' 'false imprisonment,' 'modern *lettre de cachet*,' 'alarming interference with the liberty of the citizen,' and so on to the end of the catalogue, as in ninety-nine hundred of every thousand persons found under treatment in our institutions for the insane. I speak deliberately. My opportunities for observation are known to you all." * * *

Again the same gentleman says:—

"One of the strongest objections to the judicial process is treating the insane, in one respect, as criminals are treated; that it is subjecting them to a process that has the odor of criminality about it. * * * Regarding insanity as a disease, and the claims of the insane to the tender and skilful treatment they need, as imperative, and not in any manner to be sacrificed, and fully believing that a judicial process to determine the question of insanity is not required in ordinary cases, either by the science or the humanity of the age more than in the delirium of fever, I am very anxious not to take the retrograde step."

Dr. Isaac Ray, our distinguished author on the Medical Jurisprudence of Insanity, says:—

"I have no question, from my own observation, that if you make the law more stringent than it is (that is, by requiring a

jury trial), the result will be precisely of that kind that has taken place in England, and will keep out those who ought to be taken care of in our hospitals, and will increase the number of those who will not be placed in hospitals at all. * * *

"We must bear in mind that we are legislating for those who are *really insane*, as well as those who are merely doubtfully so, and consider whether, in order to obviate an evil, that may happen once in a hundred cases, we are to subject the other ninety-nine to an examination that is entirely useless. It is a doubtful kind of legislation that produces more feeling than it prevents. I can easily imagine that in a small country town where everybody knows everybody else's business, an inquisition by a magistrate would scarcely increase the publicity, but it would have a very different effect in a very different kind of community. If that mode should be adopted in our large towns, its needs no Solomon to tell us that we shall have but very few admissions. Insanity is something which people do not care to have made public, and any kind of publicity that subjects the patient to observation and petty curiosity, is objectionable, and any legislation of the kind will operate as prohibitory. The ordinary method of placing patients in a hospital upon medical certificates, which has prevailed from time immemorial, should be legalized, so that we may be able to do that *legally* which we have always done by consent of the community.

Dr. John E. Tyler, Medical Superintendent of the McLean Asylum, at Boston, Massachusetts, says:—"If prompt and early treatment is important for the insane—and we know it is—and if the requisites for admission to a hospital are such extended formalities as to hinder the patient from entering it, of course we are damaging him vitally. But supposing that admission to the hospital is guarded by all the formalities that one can conceive of, I doubt whether the popular distrust would be relieved thereby. The formalities for admission to a hospital should be simple, such as can be complied with without trouble and without publicity. If they are many, and such as will necessarily bring the patient before others, they will certainly keep numbers from the hospital and proper treatment

who ought to have it, and thus do great wrong to the insane."

Your Committee believe that these opinions fully accord with those of all other medical men who have given much thought to all that pertains to the welfare of the insane throughout the country.

In conclusion, your Committee submit the following *project of a law*, which is designed more fully to determine certain relations of the insane—to promote the ends of justice, and enforce the claims of an enlightened humanity. This project of a law, it is proper to remark, is the embodiment of the wisdom of the Association of Medical Superintendents of American Institutions for the Insane, unanimously adopted at their annual meeting in June, 1868:—

AN ACT

To provide for the admission of certain classes of the Insane into Hospitals for the Insane, and their discharge therefrom.

SECTION 1. *Be it enacted, etc.,* That insane persons may be placed in a hospital for the insane, by their legal guardians, or by their relatives or friends, in case they have no guardians; but never without the certificate of one or more reputable physicians, after a personal examination, made within one week of the date thereof; and this certificate to be duly acknowledged and sworn to, or affirmed, before some magistrate or judicial officer, who shall certify to the genuineness of the signature, and to the respectability of the signer.

SEC. 2. On a written statement being addressed by some respectable person to any law judge, that a certain person, then confined in a hospital for the insane, is not insane, and is thus unjustly deprived of his liberty, the judge, at his discretion, shall appoint a commission of three persons, one of whom, at least, shall be a physician, and another a lawyer, who shall hear such evidence as may be offered touching the merits of the case, and, without summoning the party to meet them, shall have a personal interview with him, so managed as to prevent him, if possible, from suspecting its objects. They shall report their proceedings to the judge, and if, in their opinion, the party is not insane, the judge shall issue an order for his discharge.

SEC. 3. Whenever any person is acquitted, in a criminal suit, on the ground of insanity, the Jury shall declare this fact in their verdict; and the Court shall order the prisoner to be

committed to some place of confinement, for safe keeping, or treatment; there to be retained until he may be discharged in the manner provided in the next section.

SEC. 4. If any law judge shall be satisfied by the evidence presented to him, that the prisoner has recovered, and that the paroxysm of insanity, in which the criminal act was committed, was the first and only one he had ever experienced, he may order his unconditional discharge; if, however, it shall appear that such paroxysm of insanity was preceded by at least one other, then the Court may, in its discretion, appoint a guardian of his person, and to him commit the care of the prisoner, said guardian giving bonds for any damage his ward may commit; *Provided always*, That in case of homicide, or attempted homicide, the prisoner shall not be discharged, unless by the unanimous consent of the Superintendent and the Managers of the Hospital, and the Court before which he was tried.

SEC. 5. Insane persons may be placed in a hospital by order of any law judge, after the following course of proceedings, *viz.*: on statement in writing, of any respectable person, that a certain person is insane, and that the welfare of himself, or of others, requires his restraint, it shall be the duty of the judge to appoint immediately a commission, who shall inquire into, and report upon, the facts of the case. This commission shall be composed of three persons, one of whom, at least, shall be a physician and another a lawyer. In their inquisition, they shall hear such evidence as may be offered touching the merits of the case, as well as the statements of the party complained of, or of his counsel. If, in their opinion, it is a suitable case for confinement, the judge shall issue his warrant for such disposition of the insane person as will secure the object of the measure.

SEC. 6. On statement, in writing, to any law judge, by some friend of the party, that a certain party, placed in a hospital under the fifth section, is losing his bodily health, and that consequently his welfare would be promoted by his discharge; or, that his mental disorder has so far changed its character as to render his further confinement unnecessary, the judge shall make suitable inquisition into the merits of the case, and, according to its result, may, or may not, order the discharge of the party.

SEC. 7. Persons placed in any hospital for the insane may be removed therefrom by parties who have become responsible for the payment of their expenses; *provided*, that such obligation was the result of their own free act and accord, and not of

the operation of law, and that its terms require the removal of the patient in order to avoid further responsibility.

SEC. 8. If it shall be made to appear to any law judge that a certain insane person is manifestly suffering from the want of proper care or treatment, he shall order such person to be placed in some hospital for the insane, at the expense of those who are legally bound to maintain them.

SEC. 9. If the Superintendent or officers of any hospital for the insane shall receive any person into the hospital after full compliance with the provisions of the first section of this act, no responsibility shall be incurred by them for any detention in the hospital.

Your Committee beg leave to suggest the appointment of a committee of three members of this Society to memorialize the next Legislature of the State, in favor of enacting the substance of the foregoing project into a law.

R. J. PATTERSON,	} Committee.
G. R. BIBB,	
D. W. YOUNG,	

ARTICLE XXXIV.

MERCY HOSPITAL.

LAYING OF THE CORNER STONE.

ADDRESS BY Dr. N. S. DAVIS.

The ceremonies and impressive exercises connected with the laying of the corner-stone of the Mercy Hospital, took place on the afternoon of July 25, 1869, on the corner of Twenty-sixth Street and Calumet Avenue. A large crowd were in attendance, and, notwithstanding the intense heat, remained and listened with wrapt attention to the addresses, and throughout the whole of the interesting services. While the audience was gathering, and during the time of the laying of the stone, the Immaculate Conception Band, of Father Waldron's church, and Father Conway's Band, of St. James' church, were upon the stand, and added much to the interest of the exercises by their

excellent music. The Society of the Immaculate Conception were on the main stand in full uniform.

At 7 o'clock, the procession was formed in the old hospital and marched to the stand, the band meanwhile playing a solemn march. The procession was preceded by six acolytes, each bearing in his hand some holy symbol connected with the services. Following was the Very Rev. T. Halligan, Administrator, who was escorted, with the orator of the day, Dr. N. S. Davis, by the Reverend Fathers McDermott, Conway, Lyon, Scott, Cushman, Leyden, and Waldron, to the platform. The Very Rev. T. Halligan then proceeded to read in Latin the impressive service usual in the Catholic Church on such occasions. In this part of the ceremony he was assisted by the Reverend Fathers already named. At the conclusion of the opening services, architect Boyington placed in the receptacle prepared for it, the box containing the relics and curiosities, after which the stone was lowered to its place. The concluding ceremonies, consisting of blessing the stone and sprinkling it with holy water, were then accomplished, after which the procession reformed and marched back to the hospital.

Dr. Davis was then introduced, and spoke as follows:—

FELLOW CITIZENS:—Until my arrival here, I expected you would be addressed by another, before I was called upon, and lest I should weary your patience, I have prepared to occupy you but a few minutes.

Nineteen years since, the City of Chicago contained less than 30,000 inhabitants; was supplied with only a limited amount of water, by an engine and pump at the foot of Lake Street, and was entirely destitute alike of sewers and public hospitals. The ground on which we now stand was covered with the coarse grass of the unoccupied prairie. The summer previous (1849) that dreaded pestilence, the epidemic cholera, had severely scourged our citizens, and was prevailing more moderately at the time to which I more particularly allude (the summer of 1850). The need of a permanent public hospital had been so far felt that a charter for one had been procured from the State Legislature at a previous session; and the city authorities were

making their first attempt at the construction of sewers, by putting down a three-cornered or triangular plank sewer in Clark Street, from the river to Lake Street. It was for the double purpose of protesting against the squandering of public money on such temporary and imperfect structures, and awakening the public attention to the whole subject of the sanitary improvement in our city, that your speaker announced a course of six public lectures on the sanitary condition of the city and the means for its improvement, the proceeds of which were to be used in opening a public hospital under the charter already alluded to. These lectures were given in the old State Street Market Hall, which has long since disappeared, and netted the trifling sum of \$100, to which was added some contributions of \$5 and \$10, from four or five of the more prominent citizens, at the head of whom stood R. K. Swift, then a prosperous banker. With this limited sum of money, *twelve* beds were purchased and put into rooms on the third floor of the south part of the old Lake House, then occupied by a lady as a private boarding-house; and she was engaged to feed and nurse the patients at a specified sum per week. The beds were ready for the reception of patients by the first week of October, 1850, and were soon filled with patients, attended by the late Daniel Brainard as surgeon, and myself as physician. In the spring of 1851, the Trustees named in the charter, consisting of Judges Skinner and Dickey, and Dr. John Evans, finding it not easy to obtain sufficient subscriptions from our citizens to permanently sustain and endow the hospital, were induced to accept an offer made by the Sisters of Mercy, to take charge of it, and meet all the expenses of its management, except the rent of the necessary building. They immediately began to increase the number of beds, and soon occupied one-half of the old Lake House building, the rent of which was paid during the first three years by the contributions of a few citizens, aided by the Faculty of the Rush Medical College. From that time the institution passed entirely into the hands of the Sisters of Mercy, where it has remained till the present time. From the old Lake House, it was removed to a building on Kinzie Street,

where it remained only a few months. Then it occupied a building constructed for an orphan asylum, on Wabash Avenue, near Van Buren Street, several years, and from thence it was moved into the building originally constructed for a seminary for young ladies, on the grounds we now occupy. Its growth has been steady and uniform, until, from the small beginning just mentioned, it now lays the foundation of the magnificent structure whose corner-stone you have just placed in its proper position; a structure which will not only remain for ages an ornament to our city, but, what is far better, it will stand as a perpetual monument to the liberality and Christian charity of its founders, and an asylum for the suffering and afflicted of many generations. During its past brief history, without the aid of public appropriations or private endowments, and constantly embarrassed by the temporary structures it has occupied, it has accommodated and kindly treated more than 6000 human beings, suffering from serious diseases, at least one-fourth of whom have been cared for gratuitously. Its doors have been open alike to the afflicted of every class and creed. It has received the professional services, always gratuitous, of the most eminent members of the medical profession, among whom have been Daniel Brainard, Wm. B. Herrick, J. V. Z. Blaney, L. D. Boone, J. E. McGirr, H. A. Johnson, E. Andrews, W. H. Byford, D. T. Nelson, and your speaker. In regard to the ability and faithfulness of the Sisters of Mercy, in the management of the hospital, I can speak in terms of the fullest commendation. Having visited the institution, professionally, almost constantly, from its incipient organization to the present hour, I must say that in cleanliness, good order, kindly attention, and Christian liberality I have not seen them equaled in any other public hospital in this country. With the building now in process of erection, each department of the hospital will be amply provided for. Besides the public wards, there will be many rooms affording every comfort and convenience for the accommodation of such patients as are able to provide themselves with the comforts, as well as the necessities, of life, and yet need the advantages for special treatment that the hospital

affords. Among its inmates heretofore have been patients from all the North-western States, as well as from the City of Chicago. To sustain such an institution, however, requires, in addition to the faithfulness and skill of its immediate attendants, the active aid and sympathy of the whole community. The untiring labors of the Sisters may be bestowed without money and without price; the Medical Faculty may give it the benefit of their highest skill without a fee; but to furnish it with food, fuel, light, water, and medicines requires money, and that, too, in larger quantity than can be derived for the payment of board by the patients. There are many of both sexes having no homes of their own, who, when taken sick, are not proper subjects to be made a county charge, and to whom the well-regulated public hospital affords the only safe resort. If their sickness proves severe, the little money on hand at the beginning is exhausted long before they are well, and they must remain gratuitously or be turned helpless away. There are others whose education, social relations, prejudices, perhaps, are such that they could not be induced to go into the public wards of a hospital for the city or county poor, and yet who are destitute of the means with which to pay for either board or the services of a physician or surgeon, and, yet, who would gladly avail themselves of the advantages of an institution like this, if a way was provided by which they could be admitted. Hence, when this noble structure shall have been finished; when the self sacrificing Sisters of Mercy shall have completed and furnished every room, from basement to attic, with themselves in readiness to care for the sick, and the board of physicians and surgeons ready to aid them, there will yet lack one thing to render its means of usefulness complete.

To supply this one thing, and make the Mercy Hospital of Chicago not only one of the best hospitals, but also one of the *noblest charities* in the world, it should receive such a pecuniary endowment as would make, at least, twenty of its beds perpetually free for the occupancy of those who are destitute as well as sick. *Twenty* beds thus free would accommodate an average o

150 patients per annum. Who can estimate the benefits that would result or the amount of human suffering that would be relieved in the lifetime of a single generation? And are there not twenty men within hearing of my voice who could each donate \$1000, to be invested and held in trust, the interest of which would secure twenty free beds for suffering humanity? Is there any other way in which a like sum could be invested with a certainty of securing an equal amount of good?

To clothe the naked, to feed the hungry, to provide for and heal the sick are among the highest and most sacred injunctions of the Divine Author of Christianity.

However much the world of mankind may be divided in reference to religious creeds and ceremonies, there can be but one sentiment in regard to the universally binding character of these injunctions. They are broad in their scope as the brotherhood of man, and as binding as the divine impress can make them. Then, let every thoughtful man who has an abundance of this world's goods, reflect that for every dollar he will be called to render an account. Not as to whether he obtained it honestly or by fraud; not whether he expended it for the gratification of his pride or passions, or hoarded it in his safe, but in that great day of final judgment, we are told the question will come, did ye clothe the naked; did ye feed the hungry; did ye visit the prisoner; did ye minister to the sick? Christianity demands of its votaries not negative virtues merely, but positive acts of charity and human kindness.

Then, fellow-citizens, while this noble structure is advancing to completion, let me entreat you to make such provisions, pecuniarily, as will secure to it the highest possible degree of usefulness, and you will thereby secure to yourselves, also, the reward of the Christian, namely, the consciousness of having added to the sum of human life and happiness.

After the public exercises the distinguished guests present were invited to an elegant collation, prepared by the Sisters, in the parlors of the old hospital. There were present beside the Very Rev. Father Halligan and the Reverend Fathers already mentioned, the orator of the day, Dr. Davis, the architect, Mr.

Boyington, Dr. Byford, Dr. Andrews, Dr. Johnson, and a number of others who, during the past years, have connected themselves prominently, by their charitable acts, with the institution. After doing justice to the viands prepared, the pleasant company enjoyed a social hour, and were invited to inspect the building and the proposed improvements.

The plans for the new hospital were made from suggestions that were offered by Dr. Edmund Andrews, who has spent much time abroad studying the construction and architecture of the most noted European hospitals. This hospital will contain every improvement, and be one of the most complete and perfect in this country.

The following is a description of the hospital as it will be when completed:—The principal front of the building is on Calumet Avenue, occupying 200 feet, and the average depth of the main building is 35 feet. On 26th Street, the frontage is 86 feet, which forms the south wing of the building. The north wing is formed by the old hospital, which has been greatly enlarged and remodeled throughout, to make it correspond with the other portions of the structure. There is a third wing immediately in the rear of the centre of the main building which extends back 86 feet, thus making the three wings of an equal size and depth.

The building is to be constructed in the Byzantine style of architecture, and will be three stories high, with a basement which is partly above the ground, and, therefore, might be considered another story, as it is nine feet in the clear. Beneath the whole is a deep cellar, and over all a large, roomy attic, which may be used in case of need for rooms. The front of the building is divided into five sections, two of which recede in order to give place to the towers which are placed at each of the corners. These towers have a canopy top, and as they will be used as ventilators, the whole building will be furnished with pure air in abundance.

In the centre of the building is the main entrance to the basement, which opens into a hall that leads back to the corridor. This corridor passes along the rear wall of the building,

on each of the three stories and basement. This a new method of constructing the interior of a hospital, it hitherto having been the plan to place the corridor in the centre of the building, with the rooms on either side opening into it. After a careful study of many plans, it is believed, however, that the present one is much more suitable for the purposes for which the building is being erected, as the air is thus allowed to circulate freely through the rooms from the front and rear. Thus a continuous circulation of pure air is secured, while the foul air escapes through the rear windows, instead of passing through the rooms on the opposite side of the corridor. By this plan of ventilation, infection from contagious disease is rendered almost impossible. As you enter the main hall in the basement, on one side is the visitors' room, while upon the other side, directly opposite, is the reception room for patients. In the rear of these, on the south side of the main entrance, is a pleasant roomy dining-hall, 24 by 37 feet; back of this is the kitchen, 25 by 25½ feet, while still back of these rooms are the store-room and pantry, six cells for uncontrollable or quarrelsome patients, and a ward 28 feet wide by 38 feet long. On the north side, the whole of this floor is divided up into rooms, 15 by 20 feet, which are to be used by the patients who are sent to the hospital for treatment. The laundry department is also on this floor, in the centre wing, and is to be fitted up with every convenience, and provided with all the modern inventions for the washing, drying, and ironing of clothes.

There are three entrances, which lead up by three flights of steps to the main floor. As in the basement, the hall runs directly back to the corridor in the rear, while one side is a reception room for those who come to visit the institution; while on the opposite side is the room where the patients are to be examined. A large hall, 30 feet wide by 45 long, in which medical and other lectures are to be delivered, is on this floor, underneath the chapel. Seats are arranged in the hall that will comfortably accommodate 300 people. In the rear of the hall is an octagonal recess for the lecturer, and above is a large window, or skylight, that throws a flood of light down upon the

lecture-desk. The hall in front is finished with a row of cases, in which the medicines are to be kept.

The north wing of this main floor is used wholly for patients' rooms. Wards, 25 feet wide by 37 feet long, are situated north and south of the main hall, on the corridor. In the south wing there is likewise a large ward 25 by 80 feet, while between the corridor and the south wing is the nurses' room, 12 by 16 feet. Adjoining are water-closets, a large bath-room, which all the patients are allowed to use, a dumb waiter which carries the food up to all the floors, and all the other conveniences that are needed to care properly for the patients. The height of the ceiling on this floor is 18 feet, giving the room an airy, light appearance.

In the second story the halls and corridors are the same as those below, and the ceiling is 13 feet high. In the south wing of this floor a number of pleasant parlors, 21 feet long by 11 wide, are arranged, in which the convalescent patient may exercise and enjoy social intercourse. In addition to these is a ward 25 by 30 feet. There are likewise water-closets—one in each section of the building—and a bath-room. There are also two suits of rooms, into each of which passes the dumb waiter. The remainder of this floor is divided up into separate compartments, of the same size as these below, for the accommodation of the patients.

The ceiling on the third story is also 13 feet high, and the whole floor is laid out in about the same manner as the floor below, with the exception of the chapel. This is finished in a neat and tasteful style, being plain but convenient in its construction. A small gallery is erected in the front end of the chapel, while a large chancel, with all the accessory furniture, is situated in the rear. The seating capacity of this chapel is about 300, and is comfortable.

The building is covered by a large attic, which is both well ventilated and lighted, and may be used for various purposes, should the accommodations below at any time prove insufficient. In the large cellar underneath the building is placed the furnace, fuel-room, and all the necessary appliances for heating the

building, which is done by steam. Beside the steam apparatus, nearly all the rooms are furnished with grates for coal fires, to be used in cases of emergency.

In addition to all these conveniences, the hospital is provided with a large elevator, which runs from the basement to the upper story. This has been constructed so that patients may be removed from one part of the building to another, without removing them from their cots; the elevator having been made large enough to carry a full-sized cot. A spiral staircase surrounds the elevator and connects all the floors of the building. There is also, in addition to this and the main stairway, an additional one in each wing of the building. The hospital is finished throughout in pine, grained to resemble oak.

The roof has a steep pitch, and is covered with slate, with three pediments, one in front of each wing.

The building will cost, when completed, about \$60,000.

Foreign Correspondence.

PARIS, *July 23d, 1869.*

The busy nine months of the medical year are drawing to an end, and the summer vacation approaches. One after another the lectures and clinics have ceased, the dreaded examinations been passed, and the students, taking a long breath for the first time in the year, scatter right and left, abandon Paris and flee to the country, the successful to repose upon their laurels, the plucked to console themselves for their defeat.

By a tacit concurrence in the fitness of things, the patients, the third party in the great triad of professors, students, and sick people, seem to have resolved to postpone their diseases until such time as they can furnish material for the fall lectures. Consumptives recover during the warm weather, the entire group of bronchitis, pneumonias, pleurisies, and emphysemas that throng the hospitals in winter, seem spell-bound by the gracious hand of summer, and so far no cholera has come to supply

their place. A lull has fallen upon the field of battle with disease and death, the enemy seems to have drawn off his forces a little, perhaps to recruit, and the soldiers may rest panting on their arms. The battle is so long, so deadly, and must so soon be renewed!

Nevertheless it is a lull, not a cessation of hostilities. Though the amphitheatres be deserted, and the voice of the clinicien be silent in the wards, the academy still holds its séances, and discusses a thousand and one medical subjects with zeal and ability, from which discussions result much entertainment and reputation for the physicians, and occasionally some advantage for the patients.

At the séance of the 9th of July, M. Gavarret read a report on a memoir by Dr. Javal, concerning astigmatism, or ametropia, as it was formerly called. This memoir describes a little apparatus invented for the qualitative and quantitative detection of the remediable form of the disease. The theory of it is based on the following considerations:—

In an eye normally constituted, the surfaces of separation of the different refragent media are regular, and may be considered as surfaces of revolution around the concentric optic axes. Hence, the power of the natural dioptric apparatus is sensibly the same for all meridians. In other terms, the light, in its passage across the transparent media of a normal eye, obeys the same laws as when traversing an ordinary dioptric apparatus.

It frequently happens, however, that the curve of the surfaces of separation of the transparent media, varies from one meridian to another, so that these surfaces are no longer concentric. This vice of conformation, this asymmetry, occasions the functional difficulty known as astigmatism. An asymmetry in which the variation of the curve increases or diminishes gradually and constantly from one meridian to another, is called regular, and experience and calculation show that this defect may be corrected, and the functional consequences avoided, simply by correcting the asymmetry of the two principal meridians.

The asymmetry may affect at the same time the anterior face

of the cornea, and the two faces of the crystalline lens, but it is rare that the two faces of the cornea are involved coincidentally with this latter lesion.

M. Javal's apparatus is designed both to detect this defect in the eye, and ascertain the glasses needed to compensate for it. The patient, with his two eyes widely-opened, looks through five-inch convex lenses at a card, upon which are traced two precisely similar dial-plates, which are separated from each other by exactly the same distance as the lenses, and placed exactly opposite the eyes. From the centre of the dial radii, indicating all the hours and half hours, are drawn to the circumference. The angle comprised between any two radii is, therefore, about fifteen degrees. The card is first placed in the focus of the lenses. The patient combines the two images into one; the axes of his eyes are then necessarily parallel. Then, by means of a metallic button, attached to the side of the apparatus, the card is removed as far away as possible from the patient, the images become confused, but remain combined. Then the card is gradually approached towards his eyes until such moment as he can say, "The radii on the dial are all confused and grayish except one; that I see clearly." This indicates, first, that the eye observed is astigmatic; second, the image of the objective card is in the focus of the principal meridian at the minimum curve; third, that the principal meridian at the maximum curve is in the plane of the ray seen clearly.

This ascertained, the oculist passes before the eye to be examined a series of cylindrical divergent lenses, of successively increasing power, from $\frac{1}{8}$ to $\frac{1}{2}$. This series contains twenty different combinations. The apparatus is so disposed that each lens in passing before the eye is in the plane of the principal meridian at the minimum curve, consequently it does not displace the focus of this meridian, while it pushes back the focus of the principal meridian at the maximum curve. When the patient says, "I see all the rays with equal distinctness," the focus of this meridian has been made to retreat sufficiently to coincide with the focus that has not been displaced, and the asymmetry

is corrected. The number of the required lens is, therefore, accurately ascertained.

A new method of detecting and measuring the diplopia in ataxia has also been suggested. It is well known that the reason that the two eyes are able to combine into one the double images that come to them from a given object is, that the rays from that object strike upon exactly similar portions of the two retinæ, which are both turned in the same direction. But if the parallelism of the optic axis be destroyed, it is evident that parallel rays will fall upon *dissimilar* regions of the retinæ, and, hence, a double impression will be retained by the brain. The relative position of these two images differs according to the nature of the strabismus. When that is divergent, and the left eye, for instance, is turned towards the left, the rays from an object, directly regarded by the right eye, and seen most distinctly by it, would fall to the right of the left retina, and hence the object would appear placed more to the right than in reality; in other words, its image, crossing that impinging upon the right eye, will be seen on the right side of it. In convergent strabismus, the rays would fall on the left of the left retina, but would pass on inside of those going to the right, and the two images would appear side by side. To make this effect more conspicuous, and, consequently, to detect the incipient degrees of the malady, at a moment when its detection would assist the diagnosis of the ataxia, spectacles have been suggested, of which the right glass should be colored red, and the left blue. The relative position of the colored images are then perceived clearly, at a glance.

The "*Union Medicale*" published the other day an article upon the utility of rhinoscopy and of the naso-pharyngeal douche, invented by Prof. Weber, which, combined, render great service in the diagnosis and treatment of such diseases of the ear as depend upon trouble in the pharynx and posterior nasal cavities, or Eustachian tubes. The rhinoscopic method, as you are aware, consists in placing, at the bottom of the throat, a small mirror, whose polished surface illuminated by a strong light is turned upwards and forwards. This surface, in its turn,

throws the light upon the parts to be examined, which are at the same time reflected in the mirror, and thus become visible to the eye of the observer.

Rhinoscopic examination plays an important part in the study of chronic, granular pharyngitis and its complications. In these cases, the physician frequently discovers, near the pavillion of the Eustachian tube, a swelling of the mucous membrane, and so abundant a proliferation of all its elements that the mouth of the tube is completely stopped up by mucosities, which prevent the entrance of air to the middle ear, and interfere with its catheterism. This obstacle can only be detected by the rhinoscopic mirror.

Granular pharyngitis is one of the most frequent chronic diseases of the throat, and is affirmed to be equally common as a complication in diseases of the ear. Sometimes the pavillion of the Eustachian tube is completely enwreathed with granulations. Where it becomes necessary to ascertain the degree of permeability of the tube, the physician may combine the use of the sound with auscultation. This is effected by means of a tube, putting his ear in communication with that of the patient, when he can directly recognize if air be admitted behind the tympanum.

Weber's douche serves to wash out the nasal fossæ, the posterior nostrils, and the Eustachian tubes, and to inject medicated fluids upon them. It differs from the means hitherto employed, inasmuch as it enables the physician to pass a gentle and continuous current over the diseased parts. The instrument is furnished with an extremity exactly the size of the nostril into which it is inserted, so that the liquid cannot run backwards. This liquid, gently pushed by means of a syringe, fills the nasal cavity of one side, passes into the upper part of the pharynx, where it bathes the mouths of the Eustachian tubes, and, finally, runs out at the nostril of the other side. It will not go down the throat, for Weber has proved by experiment that when the nostrils are entirely closed the soft palate is raised and closes the bottom of the pharynx. It is to be supposed, therefore, that at the beginning of the operation, before

the liquid has reached the second nostril, this would need to be stopped up by something corresponding to the extremity of the instrument which occupies the first; but this is not specified in the "*Union Medicale*."

While speaking of diseases of the pharynx, it would not be out of place to notice a remarkable case of pharyngeal tumor that occurred in the service of M. Richet, at the Hotel Dieu. This tumor was enormous, and developed at first in the soft palate, seemed to perfectly answer the description of tumors that are developed in this region, from a hypertrophy of its glandular elements. It was ulcerated, and rendered deglutition and even respiration extremely painful. M. Richet resolved to operate, but bethought him first of trying the effects of sublimate and iodide of potassium. This treatment was entirely successful; the tumor rapidly diminished in size, the ulceration healed, and, by this time, the patient is considered about well.

At the Imperial Society of Surgery, the other day, M. Broca presented a Peruvian skull, found by Squier in an old tomb of the Incas, in the valley of Yucay, near Cuzco, and belonging to a date anterior to the time of Cortez. The interest of the skull to surgeons lay in the fact that it had been trepanned! The perforation was situated on the left side of the frontal bone; and from the appearance of the surrounding osseous tissue, no doubt remained that the operation had been performed on a living person. M. Nelaton estimated that the patient should have survived the trepanning about eight days.

The bone presented no trace of fracture, and after examination of that part of the inner table which adjoined the perforation, the surgeons unanimously concluded that the operation had been undertaken on account of some internal lesion, an enterprise which indicates rather advanced notions in theoretical surgery. But the act did not come up to the theory, since it was evident from the appearance of the square opening, with straight and regular edges, that the surgeon had been provided with no instrument specially appropriate to the purpose, but had operated with some rude and ordinary chisel.

At the last séance of the Biological Society, M. Charcot read

a paper upon certain symptoms marking the début of cerebral hemorrhage. This distinguished physician declared, it was an error to suppose that the paralyzed side of the body is permanently colder than the other. The lowering of the temperature really occurs, but is but momentary, and a reaction speedily sets in, which raises the temperature of the paralyzed part. It is extremely remarkable that in respect to their cadaveric rigidity, the paralyzed muscles present almost the same characteristics as those observed in the muscles of persons who have been struck with lightning. That is to say, they enter with unusual promptitude upon this state, which is, however, but slightly intense, and of short duration.

Now, Brown-Séquard has observed that in paralysis of the vaso-motor nerves, the vitality of the parts seemed to be exalted, electric excitability greater, and the cadaveric rigidity more tardy, more intense, and of longer duration. In these respects, therefore, a real antagonism seems to exist between the sympathetic and the cerebro-spinal nervous systems. But Charcot's other observations concerning the rise of temperature in paralyzed limbs seems rather to coincide with these remarks of Séquard's, and with Claude Bernard's experiments, by which section of the sympathetic nerve was followed by precisely similar effects.

A patient has just left the wards of M. Hérard, at Lariboisière, who has excited much interest as the subject of that rather rare disease glosso-labial paralysis. The patient was a man about 50, of a robust constitution, large, strong built, though not fleshy, well nourished, in good health up to the time of the accidents in question. He entered the wards on the 20th of May, and gave the following account of himself:—Four or five days previous, on waking up in the night, he discovered that he had completely lost the power of speech. He declares that he experienced no unusual sensation; yet this seems scarcely probable, since, as he was alone, there seems no reason why he should have attempted to speak, and thus discovered his incapacity, unless prompted by some uneasiness, however vague. Much frightened, he contrived to summon assistance and send

for a physician; and the latter, who arrived the next morning, put a blister to the nape of his neck. In a day or two, the aphasia was diminished, and the patient could mumble out certain sounds; but as the concomitant symptoms to be immediately described still persisted, and the power of speech was in anything but a satisfactory condition, the patient, about the 5th day of the disease, entered the Hospital, where the following observation was made of his case:—

The intelligence, which seems to be naturally vivacious, is perfectly intact. There is not the slightest perversion of motility or sensibility in any of the limbs, and the patient suffers no pain, either in the head or in any other part of the body. No perversion of any of the special senses. The face, in repose, presents nothing of note, except that the left corner of the mouth falls a little, and the right is drawn. This difference persists during the act of laughing, but there is then no general deformity, as in facial hemiplegia. The sensibility of the entire face, of the lips, mouth, and tongue, is intact, as also the sense of taste.

When the patient attempts to speak, he uses most violent efforts, twisting first the lips, then the entire head, and often suddenly embracing the person he addresses, as if to convey by touch a meaning so imperfectly expressed by his tongue. There is no fibrillar trembling of the lips, as in progressive paralysis, and there is a great deal more sound and effort at articulation than in true aphasia. But the difficulty seems to lie in the closing and adjustment of the lips; hence, all sounds in which they are especially called into play, as the utterance of the *sabialis*, and most of the separate vowels, are quite impossible for the patient. He mumbles between his teeth and in his throat, and his difficult speech is affected with a curious precipitation and irregularity of rythm; he struggles desperately with a few words, then, as if the vocal apparatus had been forced into momentary working order, and he dreaded to lose the opportunity, he utters a number of words in rapid succession, and stops abruptly. It is precisely as if the voice slid rapidly down hill and came to a sudden bump at the end!

The difficulty of articulation is increased by the coincident paralysis of the tongue, over which the patient has almost completely lost control, and is scarcely able to move it in any direction, especially towards the right. There is no deviation.

Besides the tongue and the orbicularis, the buccinator muscles of both sides are partially paralyzed. The patient is utterly unable to distend them in the actions of whistling, smoking, or blowing upon a trumpet. A more serious consequence of this paralysis is, that the food is with difficulty retained in place during mastication, but falls in front of the gums, from whence the patient is obliged to extract it with his fingers, and push it back towards the pharynx.

The uvula and soft palate are unaffected, and hence there is no change in the timbre of the voice, which usually becomes nasal in case of their paralysis. Deglutition is facile after mastication is once accomplished.

Such is the assemblage of symptoms presented by the patient, and it is evident at a glance, how difficult it is to explain them. The nerves principally involved are, of course, the hypoglossals and the buccinator and orbicular branches of both the facials, with a preponderance towards the left. Hence, the lesion has not spread according to contiguity of the nervous roots, but according to the connection of nerve functions, which of itself is a remarkable circumstance. The nature of the lesion is most difficult to determine, or even suspect, especially for the case in question, which was anomalous for the suddenness with which the accidents were produced. In the other cases that have been reported, especially by Trousseau, and more recently by M. Alfred Fournier, the disease has always invaded the parts with most insidious slowness; and the few autopsies that have been made have generally revealed a scleriosis or atrophy of the roots of the hypoglossal nerves, frequently extending to the glosso-pharyngeal, and even involving the pneumo-gastric. In these cases, however, the soft palate and uvula were always paralyzed. But, with Hérard's patient, the paralysis was produced as suddenly as that consecutive to a cerebral hemorrhage; and the rapidity with which, at the beginning, an improvement took

place (improvement followed, as we shall presently see, by a perfectly stationary condition) is also precisely such as occurs when the fluid portion of the effusion is quickly absorbed, and the fibrinous coagulum left for a slower process. But it is almost certain that the most limited effusion at the root of any of the nerves affected—that is to say, in the fourth ventricle, or in the medulla oblongata—would have been followed by instant death. Moreover, in so narrow a space, several other nerves could hardly fail to be affected, which were evidently untouched—the glosso-pharyngeal, pneumo-gastric, and spinal accessory. Finally the facial nerve was not paralyzed throughout all its extent, but merely in the regions indicated above. The play of the nostrils was quite free. It seems most probable, therefore, that if any hemorrhage is to be blamed, it must have occurred in the brain, in some part destined to preside over articulation, and to that extent would be allied to aphasia, and M. Broca's third, left convolution of the hemispheres. But, as we have already seen, the character of the tortured and twisted articulation differed much from the almost absolute muteness of aphasia. Moreover, in that disease there is no deviation of the mouth, or paralysis of the tongue or buccinator.

The prognosis of this disease is as curious, I may say as unexpected, as its diagnosis. It is, according to Trousseau and to Fournier, *almost invariably fatal*. Fournier has analyzed the proximate causes of death, and shown that they all depend on the difficulties in deglutition. In Herard's patient, these difficulties were comparatively slight, though productive of sufficient inconvenience. But when, in addition to the paralysis of the buccinators, the reflex action of the tongue is destroyed, so that it cannot arch against the palatine vault and at once propel the alimentary bolus towards the pharynx and shut off its reflux towards the orifice; when the soft palate no longer rises to close the nasal cavities, and the uvula no longer directs the closure of the epiglottis, then the food falls out of the mouth, into the larynx, into the nose, thus producing the most violent strangulation; it frequently causes ulcerations from long sojourn in the buccal cavity, and so insufficient a quantity is swallowed that the patient actually starves to death.

With the patient at Lariboissiere, the affair turned out differently. Scarified cups were applied to the neck on the first day, the second, a blister, the third, a purgative clyster was administered. After that, a blister was kept in permanence at the nape of the neck, for two or three weeks. For the first week, the improvement in his condition that had already begun before his entrance continued. By the 27th, the patient could speak so as to be understood, though with difficulty. He no longer embraced the persons he addressed. He could also smoke his pipe, but could not whistle. The food no longer fell in front of the gums. He could easily turn the tongue to the left, but not at all to the right, and only with difficulty upwards. The effort deformed the right labial commissure. The general health continued perfectly good. At this point, the patient remained perfectly stationary till the 20th of June. About this time he began to be treated with sulphur baths, three times a week, and electricity every day, the current being directed to the nape of the neck and the muscles of the mouth. After this, he could talk much longer at a time, although the difficult articulation continued. The patient left the Hospital the 25th of July, in that same state.

Leaving further comments on this case to persons of greater sagacity than myself, I must find space to mention a patient in the wards of M. Boulland, at La Charité, who is in the seventh year of a remarkable muscular atrophy, affecting the trunk and limbs. I was fortunate enough to be present in the ward one day during a visit made by M. Duchenne (who is quite famous in connection with this disease, as well as the *ataxie locomotrice* that bears his name), who exhibited and explained the case, and applied it to the demonstration of certain theories of his own. I will mention two of them.

In the first place, it is to be noticed that the scapular muscles are the only ones that are not wasted almost to nothing, and in complete fatty degeneration. The deltoid is a mass of fat. But, nevertheless, the patient is still able to raise his arm to a level with the shoulder; and when M. Duchenne supplied the place of the atrophied grand serratus, by forcible pressure

upon the shoulder-blade, so as to fix it against the ribs, the patient could even place his hand on the top of his head, "which proves," observed M. Duchenne, "that the supra-spinous muscle, which alone is left to effect this action, is far more powerful than generally supposed, and in spite of the nearness of its insertion to the articulation, and can of itself supplement the deltoid."

But the most remarkable phenomena are those connected with the respiration. The intercostal muscles are almost gone (their place being supplied by fat), and the shape of the chest entirely changed. The antero-posterior diameter is much shortened, and the transversal lengthened, so that the chest is notably flattened and broadened, and resembled, by actual measurement, the following figure:—The inferior extremity of the sternum is directed backwards. The scaleni, serrati, pectoral, and other muscles devoted to the elevation of the ribs being atrophied, these do not rise during inspiration: the chest remains perfectly motionless, and the breathing is effected entirely by means of the diaphragm. As the abdominal muscles are completely flaccid, they offer no resistance to the descent of the diaphragm, or the projection of the abdominal viscera, and a prodigious eventration occurs at each inspiration. If the hand be forcibly laid upon the abdomen, so as to resist the projection of the viscera, the force of the diaphragm is expended on the false ribs, which are *drawn inwards*; exactly the contrary to what occurs in normal adult inspiration. Beau and Massiat have, however, observed this phenomenon in children, when their breathing is violent or agitated.

From the transformation in the shape of the thorax, M. Duchenne drew the following inference:—"Since the cavity was diminished coincidently with an atrophy of the intercostal muscles, it follows that the office of these muscles is not to diminish the capacity of the chest, since that diminution is effected at a moment when they are impotent; and since the cavity is diminished in expiration, it follows that these are not expiratory muscles, as maintained by Beau and Massiat, but perpetual antagonists of the expiratory force, which triumphs the instant

they are *hors de combat*; in other words, that the intercostals are muscles of inspiration.

But, in the humble opinion of your correspondent, M. Duchenne does not prove his case, at least with these facts; but his own words turn against him. For, supposing that the intercostals be really "the constant antagonists of the expiratory force," this implies that they act continually, and not intermittently, as they must do, if called upon simply to contract during inspiration. Not their *contraction* but their *tonicity* is required to counterbalance the elasticity of the chest, which is, like the lungs, in a state of forced extension, and continually tends to fold upon itself, bending at the angles of the ribs. When this tonicity is destroyed, the chest collapses, as proved by the remarkable case in question, and; hence, it is true that such collapse is due to the atrophy of the intercostal muscles, but not for the reason assigned by M. Duchenne.

In surgery, I have only to report this week, as belonging to my personal observation, an operation performed by Professor Jarjavay, at Beaujon. It was the excision of a fibrous tumor, developed in the abdominal parietis of a woman, of good constitution, about 35 years old. The tumor was broad and rather flat, about the size of the palm of the patient's hand, and had existed for two years without causing much uneasiness. But, latterly, it had begun to increase, and as it was evidently extra peritoneal, and apparently attached to the crest of the iliac bone, the Professor resolved to operate, expecting either to be able to enucleate the tumor, or to find it sufficiently pediculated, to render its excision facile. In both hopes he was disappointed. The tumor was firmly attached by a broad base to the peritoneum itself; and the surgeon having enucleated it to this point, removed the bulk of the mass in successive slices, leaving, however, one slice adherent to the peritoneum, which, therefore, was uninjured. The patient is doing well.

The *Bulletin de Therapeutique* reports a case of successful treatment of acute mania by digitalis. A boy of 14 was received at the Hotel Dieu, in the service of M. Vernois, in a condition of extremely incoherent delirium, and with all his

limbs affected with disordered movements, very much like those of chorea. The diagnosis between a veritable mania, with extreme agitation, or a chorea accompanied by delirium, remained doubtful. On his entrance, the patient had been put into a strait-jacket; but M. Isambert coming to supply the place of M. Vernois ordered the strait-jacket to be taken off, and 30 drops of tincture of digitalis administered every day. From the commencement of this treatment, the vociferations and disordered movements ceased, and there remained a low, muttering delirium. Inquiry into the boy's antecedents then disclosed the fact, that for the last year he had been in a condition of real lypemania, of which the mania was an acute crisis. It, therefore, became unquestionable that digitalis had been able to exercise a valuable influence in calming acute mania.

Dr. Savignac inserts two formulæ in the *Bulletin*. The first is directed against cholera:—

Ether, 64 grains (4 grms.)

Ext. Rhat., 64 grains (4 grms.)

Syrup opii, 480 grains (30 grms.)

Aqu. Ment., }
Aqu. Mellis, } aa 960 grains (60 grms.)

Mix the aqu. menth. and aqu. mel. together; dissolve in them the ext. rhat.; add the syrup opii, and, finally, the ether. A desert spoonful every quarter of an hour, until the severity of the symptoms are abated, then, it may be given at longer intervals.

The second formula is for dysmenorrhœa:—

Acet. Ammon., 80 grains (5 grms.)

Aq. Orang. Flor., } 640 grains (40 grms.)

Aq. Mel., } 1280 grains (80 grms.)

Syrup Saffron, 480 grains (30 grms.)

Dose: a desert spoonful. In very severe cases, add 15–20 drops of Sydenham's laudanum.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY.

FRIDAY EVENING, JULY 23, 1869.

The regular semi-monthly meeting of this Society was called to order, President Bogue in the Chair.

The Secretary read the minutes of the last meeting, which were approved and ordered to be placed on file.

The next order of business was the proposals for membership.

The name of Dr. F. W. Calkins was proposed by Drs. Quales and Parks.

Dr. Quales then proceeded to read his report on the Sanitary Condition of the North Division for the quarter ending June 30, 1869. The Doctor gave a detailed account of the meteorological observations he had taken, and said that from the unusual amount of rain during May and June, and the consequent dampness of the atmosphere, it would be natural to infer that they had a deleterious influence upon the sanitary condition in general, and more especially in such localities where the drainage is insufficient. This was confirmed by practical observation. He stated that it had been his experience under these circumstances that diarrhoea, dysentery, etc., especially among children, manifested themselves earlier, and in a more malignant form. This had been the case during the two preceding years. Fevers, especially intermittent, remittent, and typho-malarial, also rheumatic and neuralgic diseases. Of contagious diseases, there had been 40 cases of small-pox, only 2 of which proved fatal, which was evidence it was of a mild type; measles, 117 cases, 92 occurring among emigrants.

The report of Dr. Quales, upon motion, was accepted and ordered to be placed on file.

Dr. Reid remarked that he had met with quite a number of cases of variola, all of which were quite mild; also a number of cases of measles and scarlatina, and within the past two weeks a considerable number of cases of infantile diarrhoea had been met with. Upon being asked what treatment he generally pur-

sued in the latter disease, the Doctor said he usually made the following prescription:—

R. Calomel-----gr. ij.
 Morph. sulph.-----gr. $\frac{1}{10}$ — $\frac{1}{12}$
 Sugar-----gr. xij.

Ft. chart No. xij. One powder to be given every two or three hours, according to circumstances. Also sometimes employed hydr. cum creta, sub. nit. bismuth and rub. villosus.

Reported one case of a woman who had profuse rice water discharges, and had Asiatic cholera been prevalent, should have decided to be such, but under the circumstances could call it nothing but a sporadic case.

Dr. Marguerat remarked that he had seen large doses of brandy prove beneficial in the treatment of cholera infantum; also pepsin, in $\frac{1}{2}$ gr. doses every two hours. Thinks the practitioner should not trust the nurse to administer morphine to children.

Dr. Fitch says he has been in the habit of using morphine in doses ranging from $\frac{1}{8}$ to $\frac{1}{4}$ gr. in the treatment of cholera infantum, for a number of years, but always weighs it and puts it up himself when for children. He stated that the last case but one he had prescribed for that evening, was one of cholera infantum. Gave morphine, gr. $\frac{1}{8}$; bismuth and sugar, each, gr. ij. at a dose. The child was teething, and he scarified the gums, which, he says, he invariably does under such circumstances. Also applied a sinapism to epigastrium sufficiently long at a time to keep up a redness. Always advises giving the powder dry on the tongue, and as little water as possible. If the milk curdles on the child's stomach, he usually substitutes arrow-root, or something of the kind.

Dr. Paoli wished to know if opium is a proper remedy to be generally employed in the treatment of cholera infantum. He is of the opinion that we do little in giving this drug to assist nature in assimilating the food. He thinks, however, that there are a few cases where it may be beneficially employed, withdrawing the medicine when the secretions become diminished. The Doctor says he usually gives a little calomel combined with

the opium, and applies cold water to the head. He does not think there is much nutriment in arrowroot, and always prefers the mother's milk. The tonic treatment, such as columbo and cascarilla, together with sits baths, and warm flannel clothing to keep up the bodily secretion, is the treatment most usually employed by him.

Dr. Fitch thinks that Dr. Paoli does not discriminate between cholera infantum and diarrhoea. There is hypercæmia in these cases in the intestines and not in the brain, and in cases where nothing can be retained on the stomach the effect of the morphine is to stimulate the brain.

Dr. Paoli says he has never had any success in the treatment of cholera infantum by morphine.

Dr. Parks reported the successful treatment of a case of cholera infantum by the use of pepsin, where there was no digestion.

Dr. Wanzer also reported several cases successfully treated by pepsin combined with $\frac{1}{2}$ gr. of morphia. The kind employed was Houghton's pepsin, in 2 gr. doses.

Dr. Macdonald has employed the following treatment of cholera infantum, with success:—

R_x. Pulverized Charcoal-----gr. j.
Sub. Nit. Bismuth -----gr. ij.

One powder to be given every two hours; also applied flannel over the bowels.

Dr. Quales says he has seen four cases of cholera infantum, one of which died. He used the pepsin, but is not very favorably impressed with its efficacy.

Dr. Wanzer says when the milk cannot be retained on the child's stomach, he usually gives calomel, gr. $\frac{1}{8}$, with a grain of sugar. Whatever medicine he gives he uses as little water as possible. Port wine and ice has been employed with benefit by him.

Dr. Bogue says he has given the sulphate of morphine in the treatment of cholera infantum, in doses varying from the $\frac{1}{60}$ to the $\frac{1}{100}$ of a grain, for several years, with decided satisfaction.

Dr. Avery says he is in the habit of giving hydr. cum creta,

gr. ij.; camph. Doveri, gr. ij., three times a day, sometimes employing an emulsion consisting of—

Ry.	Al. Ricini-----	5 vj.
	Tinct. Opii-----	gtt. xvij.
	Gum Aracia } aa-----	5 ij.
	Sach. Alba }	
	Aquæ q. s.-----	3 iv.

M. Sig. To be given in teaspoonful doses, pro re nata.

Dr. Fitch is of the opinion that hydrarg. cum creta produces vomiting, and gives calomel combined with bismuth, or creta preparata instead.

The Society then proceeded to miscellaneous business. Subject for discussion at next regular meeting, "The Pathology and Treatment of Chlorosis."

Society adjourned.

PREVENTION AND TREATMENT OF THE DIARRHEAL DISEASES OF INFANTS.

REMARKS MADE BEFORE THE OBSTETRICAL SECTION OF THE NEW YORK ACADEMY OF MEDICINE, MAY 17TH, 1869.

By STEPHEN ROGERS, M.D., New York.

MR. CHAIRMAN:—As a text for the few following remarks, I present a sentence from the address of Sir Thomas Watson, on the occasion of his retiring from the presidency of the Clinical Society of London, because it expresses accurately my own sentiments in reference to the subject before us, and, no doubt, those of many of the Fellows also. "What I deprecate," says Dr. Watson, "what I would fain see altered, what it is one great end of this Society to do away with, is the vagueness of aim, the uncertainty of result, the merely tentative nature of too many of our prescriptions."

In no department of medicine is vagueness of aim, uncertainty of result, and consequently tentative practice, more conspicuous, and, I may add, more disastrous, than in diseases of infants, and especially diarrhœal diseases. We lose our aim, first, by forgetting, or by never knowing, the anatomy and physiology of the infant; and we are forthwith environed by complications and inexplicable phenomena which befog every effort we make.

The digestive apparatus of the infant is, in some respects, like that of the carnivorous animals, arranged for highly animalized and easily assimilable food. This alone should teach us that the pharinaceous and vegetable substances should not enter the diet of young infants. Infants, like animals and like adults, require water; and while their proper food, milk, contains all the water usually demanded, any accident or disease which cuts off the accustomed supply of milk, as well as any circumstance which greatly increases perspiration, such as warm weather, is certain to induce thirst, for which water is the true remedy. The infant intestines, like the adult, are provided with a reservoir for the reception, detention, and absorption of the assimilable fluids. This organ is the *large* intestine, or *colon and cæcum* and the rectum included, and has not like the stomach, and a considerable part of the small intestine, any digestive function. No part of it, therefore, can perform digestion, from the anus to the caput coli—it can only absorb; and substances which are simply in suspension, not in solution, are not appropriated when introduced into this portion of the intestine. Substances, in short, which are not transmitted through membranes by osmosis, are not utilized by the rectum or colon. As an absorbing organ, however, the large intestine is very active. There can be no doubt, I think, that the digestive portions of the intestinal tube of the infant, as well as the absorbing portions, are liable to the same diseases that affect them in the adult; and as diarrhœa is one of the results of disease in both portions, in both adults and infants, we will make our classification upon this understanding. Commencing with the stomach, I will say that diarrhœa *from indigestion* is, perhaps, quite as frequent, if not much more so, in infancy as in adult age. It is very liable to occur in warm weather, to infants both breast and bottle-fed, on account of their taking more milk than the stomach can dispose of, and more than the system requires, the child taking it for thirst instead of for hunger. It is also liable to occur in children bottle-fed on milk too much diluted; the digestive action of the gastric fluids suffering embarrassment by the very great amount of fluid, to say nothing of the grave derangements of the digestive organs, which are produced by insufficiency of nutritive material given in such habitually dilute food. The slow starvation produced by insufficient diet, and by diet which, though sufficient as to quantity, is unsuited as to quality, has many symptoms in common with much of the fatal infantine diarrhœa. This diarrhœa of indigestion is usually ushered in by more or less sudden anorexia, vomiting, thirst,

nervous disturbance, and heat of skin, followed in a few hours by diarrhoeal discharges, containing more or less undigested food. Unless the cause is repeated, the attack generally subsides with the expulsion of the offending material. It is therefore an exceedingly easy disorder to treat in both the young and old. The treatment, as a rule, need be nothing else than *physiological* and *physical* rest. This is attained by withholding food—a practice readily followed, for the patient does not desire food—quieting thirst by cold water without stint or measure,* keeping the patient still, and, finally, when desire for food may return, to allow it in moderate amounts, and, if it be milk, *undiluted*.

In bottle-fed babies, whose milk has been diluted in the usual manner, from one-half to three-fourths water, nothing can be more striking than the change to undiluted milkman's milk, except, perhaps, when the dilution has been with barley, or other farinaceous decoction. Of all the compounds fruitful of infantile diarrhoea, in our city especially, those by farinaceous decoctions with milk rank first.

Children over six months often desire, and are benefited apparently, by farinaceous food occasionally; but the child should be allowed its choice to take it or not. This cannot be done by mixing it with its milk. All such articles should be given by themselves. The observation of these few plain rules for the treatment of the diarrhoea of indigestion, will be quite sufficient for most cases, medicinal aid being generally unnecessary. To avoid these attacks of diarrhoea of indigestion during our summers, every mother or nurse should be instructed to offer cold water to the infant, whether breast or bottle-fed, before offering it its food, for by so doing, the infant has the opportunity to quench its thirst with water, preserving the unembarrassed energies of the stomach for the digestion of the food.†

* I am ready to stake my reputation as an observer, student of nature, and practitioner, upon the declaration that there is no support in physiology, nor in pathology, nor in practice, for the popular and extensive professional idea that water, to satisfy thirst, can do any infant harm. The idea that it distends the stomach, that it weakens the organ, and prevents digestion, no matter when given, is all clap-trap, without a shadow of foundation in truth. This is a very mild term to use relating to these fostered ideas, if we take into account the untold misery, and even mortality, they annually produce in the diseases of the *prima via* of infants.

† Much favorable testimony has been furnished the profession, relating to the employment of pepsin in the diarrhoea of indigestion of children and infants. I have not met with cases in which a resort to this agent became necessary, and can therefore offer no experience with it. But as the principle upon which its use is based has a well-known physiological foundation, I am decidedly disposed to adopt it in cases which are not promptly controlled by proper physiological feeding.

Following the intestinal disturbance produced by an attack of diarrhœa of indigestion, the annexed train of symptoms are very often met with:—

Frequent alvine dejections of greenish, very fluid, and fœtid character, frequently containing portions of undigested casein coagulum—if its diet include milk—irritable stomach, and variable appetite, and almost continual thirst. Its discharges may be yellowish, fœtid, and watery, when voided, but become green after a little exposure, generally containing mucus; and there is usually some tenesmus. The child does not have very marked fever, except at varying intervals; emaciation progresses more or less rapidly, and the tongue, as well as the anus, indicate by their redness, enlarged papillæ, and excoriation, a profound disturbance of the alimentary canal.

The case is one of chronic *colitis*, the usual diarrhœa of infancy. The colon, as a receiving and absorbing cavity for the excrementitious and alimentary matter poured into it by the small intestine, and by its own excretory glands, refuses to perform its functions; consequently, as fast as material is lodged in it from above, it is hurried on through to the rectum and discharged, not only adding to its own irritability, but not permitting the absorption of much of the alimentary matter provided for it in the canal higher up. During the transit of a fresh supply of such material through the diseased colon, the child often has an intense febrile heat of skin, and not unfrequently convulsions, which terminate life. Both the fact that the morbid changes found after death from diarrhœa in infancy are chiefly in the large intestine, and the phenomena of the disease show conclusively that it is a *colitis* almost exclusively.

When we add to these evidences the results of the treatment of colitis, I see no room for a doubt that the usual diarrhœa of infancy, of which so many children die among us annually, is simply colitis. The treatment is clearly to avoid the causes which set up this inflammation, and to lessen the already existing inflammation and irritability. This is accomplished by withholding food as much as possible, keeping the desire for drink satisfied with water, and thus securing physiological rest for the colon. This rest may be more completely effected by calming its pain and irritability by means of anodynes thrown over part of its surface, viz.: the rectum. But in this use of anodynes we should never forget that neither the rectum, nor any other part of the large intestine, can digest; that its function is to absorb, and, therefore, nothing should be introduced into it, except solutions, or substances easily soluble in water, and therefore in the

moisture of the mucous membrane. Nothing but evil can come from introducing the time-honored *starch, gum-water, mucilage* of various kinds, oil, albumen, etc., into a diseased and irritable colon or rectum. The watery portions of these preparations are alone absorbed, if retained long enough, and the solid residue is left behind, doing much more harm than good, and often more harm than the combined anodyne does good. The idea that in some forms of inflammatory disease of the large intestine, its usual lubricating covering of mucus is absent, and any of the gummy or mucilaginous substances may in such case be introduced with advantage as a simple protection of the denuded tissue of the mucous membrane, is, to my mind, totally destitute of the support, not only of demonstration, but of probability; and so far as my individual experience may permit me to judge, has not practical support either. Poultices applied to the mucous membrane of the rectum, no matter of what bland substance they be composed, are foreign and excrementitious, and give no rest to the bowel.

Alcoholic solutions, unless largely diluted with water, are liable to irritate, and therefore objectionable. Watery solutions, which leave no solid residuum, are clearly the most preferable, and of all preparations, the morphine salts in solution I think best. Where there is not very great irritability of the rectum, the much-used cocoa-butter suppository is a convenient and useful form of introducing the morphine, or other very soluble substances. The warmth of the bowel slowly melts down the mass, allowing the salt to come in contact with the bowel whose moisture dissolves it, and it is then absorbed, while the butter remains as excrement. But the simple watery solution of sulphate of morphine is the least irritating as well as the most active form of anodyne enema. Its dose by the rectum when thus introduced is rather less than by the mouth, and its action is more prompt and more effective to relieve tenesmus and irritability of the large bowel. I have often seen a single injection prevent all movement of the bowels for ten to twelve hours, in cases where the movements before it were almost incessant. Many adjuncts to this treatment will suggest themselves to any educated physician, and I therefore need not mention them here. I will add, however, that I rarely employ any other medication for the diarrhoea of infancy of this degree; and, so far as my observation enables me to judge, much of the favorable results claimed by our practitioners for their favorite prescriptions, such as minute doses of calomel, Dover's powder, ipecac, the sulphite salts, the bromine salts, and the various astringents, alkalies, and ano-

dynes and disinfectants, is due to the coincident modification of the diet and care of the child. A diarrhœa, like that just described, of no great severity, having existed for some days, perhaps, suddenly suffers a great increase in the frequency of the movements of the bowels, nausea and vomiting come on, the skin becomes hot, the thirst is urgent, there is more or less extreme restlessness and actual or threatened convulsions. The dejections are, if possible, still more fœtid, watery, and of various colors from black to yellow; they are often streaked or dotted with blood, and the fluid portions sometimes stain reddish the clothes upon which they fall; there is sooner or later mucus intermingled with them, the tenesmus becomes tormenting, the anus red excoriated, and the tumefied mucous membrane of the rectum shows a tendency to descend. This has now become *acute colitis*, *inflammatory diarrhœa* of some authors, or *dysentery* of others. Its treatment does not differ from that already mentioned for colitis, except that it must be conducted with greater energy and watchfulness.

Withhold food as strictly as possible, give cold water *ad libitum*, arrest the pain and irritability of colon by morphine injections, and keep the patient as quiet and cool as practicable, for this is a disease of hot weather.

The use of pure cold water in the irritable stomach of infantile diarrhœa, is theoretically opposed by many practitioners, on the ground that it keeps up the vomiting, as they allege, and furnishes indefinite quantities of fluid to protract the diarrhœal discharges. Practically, I have never seen this theory supported, unless the water were combined with some alimentary substance. It is surprising, however, to see how little milk, or arrowroot, or barley, or any similar substance combined with water, will keep the vomiting and diarrhœa going on to a fatal issue. Pure cold water, on the contrary, will soon arrest vomiting, will give physiological rest to the stomach and intestines, will furnish the much needed fluid to the blood, and thereby calm nervous agitation and afford physical rest and restoration.

As to the treatment of the prolapsus of the mucous membrane of the rectum which we occasionally see follow one of these attacks of colitis, I will add that I have found nothing of any service which does not arrest the irritability of the part, and the frequent movements of the bowels which attend it. Any agent which secures prolonged repose of the colon and rectum, will cure this condition. The most certain means which I have employed is an injection of the solution of morphine, thrown up immediately after reducing the prolapsed membrane by a cold-

water compress and putting the patient to bed. The bowels do not move for twelve to forty eight hours, and recovery of tone and natural condition progresses rapidly. A single application of this kind is generally sufficient, and I have seen very few resist more than two or three. There is still another form of most fatal diarrhoeal disease of infancy, presenting the following train of symptoms: A mild form of diarrhoea having generally existed for a few days, there suddenly come on vomiting and purging of a copious watery substance, at first containing feculent material, but subsequently an almost pure, opalescent, and nearly odorless fluid, without apparent pain or tenesmus. There is total loss of appetite, great thirst, the surface of the body rapidly becomes cold, the skin shrivelled and moist; in short, a more or less rapid collapse ensues which, as a rule, terminates in fatal convulsions, or anæmic coma, and does so generally within twenty-four hours after the attack. This is the form of diarrhoea, and the only form, in my opinion, to which we should apply the name *Cholera infantum*, and when compared with all the cases of diarrhoeal diseases we see, I think the Fellows of the Academy will agree with me in saying, that it composes a small minority of them.

I have no suggestions for its treatment that would not occur to the mind of any physician.

Unquestionably the wisest plan in this, as well as in all the diarrhoeal diseases of infancy, is to prevent them if possible. This we may do much to achieve by management of the food. While there is too much evidence to permit us to doubt that, if not a *cause*, dentition at least *attends* a period of development of the digestive apparatus of the infant, during which it is liable to diarrhoeal disease, we cannot close our eyes to the fact that very large numbers of our infants die before dentition or any such development commences, before six months, and die of diarrhoeal disease. Any extended remarks upon the subject of the diet of infants here I deem uncalled for, and I therefore shall say but little. We, however, all accept the proposition as self-evident, that the best food for the infant is good breast-milk. We are all quite as thoroughly convinced that this is very often not obtainable. Now comes the question as to what is the best substitute for breast-milk. That the milk of some animal should compose the basis of the substitute all, with few insane exceptions, agree. Great numbers of modifications of the milk of the cow—the only available one in this part of the world—have been advocated, chiefly in the degree of its dilution, and the addition of various farinaceous substances. But my observations

have most thoroughly convinced me that the theoretical dilution of cow's milk, with the view of rendering it similar to the milk of the human female, is an unscientific delusion. It is founded, in the first place, upon the false premises, that our Croton, or other water, is a similar fluid to the watery portions of human milk. Its till further supports itself upon the unfounded assumption, that diluted milk of the cow is more easily digested than the original fluid, on account of the excessive proportion of casein.

There is no means of demonstrating the theory that the addition of water to the milk of the cow renders it more digestible in the infant stomach. But, on the contrary, any one can demonstrate almost any day during our summers, that the labor of the infant's stomach is much easier in the digestion of the best milkman's milk we can obtain here, than it is in the digestion of the usual dilute form, and still less than when diluted with farinaceous decoctions. Providence has wisely arranged this matter so that if the milk—the food intended for the infant—be variable as to its constituents, the stomach has the power to digest and more or less completely appropriate them. Hence the milk of the human female, which is often richer in all of its constituents than many samples of the milk of the cow, is digested, and the child flourishes; and on the contrary, the milk of the cow, which possesses many per cent. more of oil and casein than the average human milk, is easily digested, and the child thrives satisfactorily. The essential points in the whole matter being that the milk given contain nutrient material within a reasonable bulk, sufficient for the nutrition of the child, and that it be given soon enough after leaving the breast or udder to be sweet and good. I avail myself of this opportunity, as I uniformly do of any which presents itself, to denounce the doctrine of dilute cow's milk as infant food, as one destitute of reason and extremely dangerous. If this be true of milk simply diluted, what must be the state of the case when diluted with vegetable and farinaceous substances? For about ten years of my professional life, I have watched this subject closely, having had several children of my own to raise on the milk of the cow. I have yet seen no reason for diluting the milk sold in this city, to make it fit food for the infant at any age. On the contrary, I have often found a necessity for richer milk than could well be obtained here. My experience has satisfied me, that a great part of the difficulty and danger attending the raising of children by hand, as it is called, proceeds from this tinkering of the milk used. I regard the raising of a child with a tolerably good organization

as about as easy on the milk of the cow as on the breast. The essential points for the mother or nurse to observe are, that the milk be sweet, that is to say, not soured, that it be warmed to about 100°, that it be taken from the bottle through finely perforated nipples, that the bottle and nipple be kept clean, and finally, *that the child have all it will take*. And here I would repeat the precaution before alluded to, not to give the child milk during the very warm weather of our summers, till water has first been offered to it, else it will often take milk in inordinate quantities simply because it is thirsty, and will thus be overfed and injured. Children at the breast are often injured by this neglect. To those who may possibly regard these views of infant feeding as radical and perhaps dangerous I feel bound to say that I am supported by unquestionably competent authority. While writing these pages, I had the exteme gratification of receiving the pamphlet paper on "Food for Infants," lately read before the Medical Society of the State of Pennsylvania, by Dr. Hiram Corson, of that State. The Dr. has extended his observations through more than thirty years, and they have obviously been well and carefully conducted. He says, "I feel quite certain that it is almost as easy to raise children by hand, if they have an abundant supply of good undiluted cow's milk, as it is by the breast." And he repeats this expression of belief, adding, with great propriety and force—as his observations are conducted in the country and villages where good milk is easily obtainable—"if, then, in the country, where the milk is good, the child should have all it will take undiluted, how very important that no water should be added to the milk brought to cities by milkmen. It is not too much to say that before it reaches the citizen's door it is only two-thirds milk." He details the symptoms he has often seen presented by infants fed, but only half nourished, on dilute milk, and those descriptions accurately apply to great numbers of the diarrhoeal disease we see here. His experience leads him to conclude that thousands of infants who die annually of these diseases, really "die from want of food." "They are starved to death," says he, speaking to the profession, "and we are not blameless." Again he says: "Little children not only need plenty of good food, but, even those who are fed at a full breast, also need occasionally a little cool water as drink."

This sentiment I am delighted to see as thus generally stated, but in the warm weather of our summers it is especially applicable. Dr. Corson very justly wonders that these facts have not more generally impressed themselves upon physicians, and

that as a consequence the public teachers with few exceptions, and the text-book of to-day, are promulgating the same doctrine and giving the same rules that they have for the last hundred years, changing, if at all, for the worse, for higher dilutions, and in the face of the frightful fact that infant mortality is increasing rather than diminishing. He very properly suggests that we try a change, which can hardly be for the worse. This is very grateful support to the sentiments I uttered many months ago, in the pages of the *Record* of Oct. 1st, 1868, p. 341. With this care to properly feed infants, much, very much, can be done to prevent their diarrrhœal diseases, especially diarrrhœas from indigestion; and with these simple measures for the treatment of chronic and acute colitis, vastly better results, I am convinced, may be obtained. The comparative experience of many physicians, male and female, in the city and in the country, confirms me in this belief, which I formed from an extensive public practice, added to that on my own family, and in private.

—*N. Y. Med. Record.*

Book Notices.

Circular No. 2, War Department of Surgeon General's Office.
Report on Excisions of the Head of the Femur for Gun Shot Injury. Washington: Government Printing Office. 1869.

This is a report of so much of the Surgical History of the late war as relates to Excisions of the Head of the Femur, for Gun Shot Injuries. It is prefaced with a historical review of this operation, and throughout beautifully illustrated. In the qualities of paper, type, and illustration, it certainly does credit to the Department. We have not had time to examine its contents, but have no doubt of their great value, especially to every practical Surgeon.

A Treatise on Diseases of the Eye. By J. SOELBERG WELLS, Professor of Ophthalmology in King's College, London; Ophthalmic Surgeon to King's College Hospital, and Assistant Surgeon to the Royal London Ophthalmic Hospital,

Moorfields. First American Edition, with Additions. Illustrated with 216 engravings on wood, and six colored plates, together with selections from the Test-Types of Prof. E. Jaeger and Dr. H. Sneller. Philadelphia: Henry C. Lea. 1869.

This is a full-sized octavo of 736 pages, substantially bound in leather, and on fair type and paper. It is intended to constitute a complete treatise on diseases, injuries, and defects of the organs of vision. This will be found one of the best among many works relating to the same department of medicine and surgery.

Report of the Board of Health of New York for the year 1867.

This is a full-sized octavo volume, of 635 pages, with many valuable illustrations. To those interested in sanitary science and hygiene it is a volume of special interest. To the ordinary practitioner it furnishes many facts calculated to increase his knowledge of the etiology of diseases, and consequently of the means for their prevention. It contains a very full and interesting account of the disease called the "Cattle Plague," in all its relations.

We presume copies can be obtained by addressing the Secretary of the Board, Emmons Clark, New York.

Correspondence.

CASE OF SUPPOSED AMPUTATION OF THE ARM OF FÆTUS IN UTERO, FROM MENTAL EMOTION.

WYANET, ILL., *August 15, 1867.*

MR. EDITOR:—Mrs. E. H., of this place, was confined on the 11th of October, 1868, by Dr. P. J. Mulvane. The confinement lasted four hours, and it was observed that the left arm of the child had been amputated at the middle third of the

humeral region. Upon investigation, it was ascertained that the mother, shortly after becoming pregnant, visited in the East, and while traveling on the cars witnessed the great toe of a child amputated by the car door shutting upon it violently. The mother attributes the cause of the arm amputation, from the sight of the last mentioned. I have seen the child, which is well and hearty, and since it is a case of unusual interest to me, I thought it might be of sufficient interest for publication.

J. L. KITCHEN, M.D.

Editorial.

MERCY HOSPITAL.—The account of the new Mercy Hospital building, and the address at the laying of the corner stone, given in another part of this number of *THE EXAMINER*, are copied from the *Daily Republican*, of this city. The building is rapidly progressing, the walls being nearly ready for the roof. Most of our readers will be pleased to learn that arrangements have been made by which a new building for the Chicago Medical College will be erected on a part of the Hospital grounds, early next year.

CHICAGO HOSPITAL FOR WOMEN AND CHILDREN.—This institution has been removed to 402 North State street. We understand this has been selected as its permanent location. The Woman's Hospital has become one of the established institutions of this city. It has a rather formidable array of *consulting* physicians, surgeons, obstetricians, and ophthalmologists, but is practically under the immediate care of Miss Doctress THOMPSON.

MEDICAL COLLEGES.—We have received the Announcements of most of the Medical Colleges of the country in reference to the annual courses of instruction to be commenced in October and November next. Very few of them indicate any change from the usual routine of short lecture terms and heterogeneous

crowding of instruction on all the principal branches of medicine upon the same students, in the compass of eighteen weeks. It might be well expressed in "*large promises to be fulfilled in a remarkably short period of time, with unequalled facilities for accomplishing the work.*" Indications of progress are, however, visible in some quarters. A new school has been organized in St. Louis, called the "Saint Louis College of Physicians and Surgeons," with a full faculty, five months lecture term and a division of the branches into junior and senior courses, with an optional third course. This is a full recognition of the principle of consecutive order of studies and division of the classes, and is consequently a long step in the right direction. We hope the faculty will be sustained by the profession, because, if they are, they will soon follow the example of the Chicago Medical College, and adopt the complete system of *three consecutive courses of six months each*, with a fair standard of preliminary education, which is what the profession demands, and nothing short of which can afford to the student the facilities he needs for gaining an adequate knowledge of medicine. It is the plain duty of the profession everywhere to promptly sustain those colleges that do break over the old and absurd routine of short terms and heterogenous and repetitional teaching, simply because such a course is the only one that will speedily ensure the universal adoption of the improvements in our system of medical college instruction, which all acknowledge are so much needed.

NATIONAL LIBRARY.—We call the special attention of our readers to the following circular, and hope each one will contribute something to so desirable an object.—[EDITOR.]

WASHINGTON, D. C.

The Medical Profession, and scholars generally, are aware of the ephemeral form in which most of the early American contributions to the literature of medicine were given to the world, and, indeed, in which many of the more recent are being published. This condition of much of our professional literature is deeply regretted by all, and particularly by those whose taste and research lead them to refer to this class of works, when the fact is made apparent that whole editions of tracts and

books have entirely perished through neglect. With a view to provide against such a contingency, and preserve, for the benefit of the profession, in some accessible and central locality, copies of all home medical publications, the American Medical Association, at its annual meeting in May last, resolved to establish at Washington, D. C., a Library or Repository of American medical works, to which it is believed all the current medical literature of our country will be cheerfully, promptly, and constantly contributed.

It is designed that this repository shall contain copies of every contribution by American physicians to the literature and science of medicine, from the earliest settlement of our country, no matter how or where published, including all the books, pamphlets, journals, and even unpublished manuscripts that can be collected.

Nearly all physicians have some book or pamphlet of the character indicated, which may contain facts relative to the diseases of his section, published nowhere else, which they can contribute without inconvenience, and which of itself is of trifling value, yet when many such treatises are assembled together from all parts of our country, embracing its nosology from the earliest period of its settlement, they will form a collection of the greatest importance to the profession.

The Librarian of Congress has kindly consented to receive and preserve as a special deposit, in the Government fire-proof building, any collection of medical works the American Medical Association may make, and will catalogue and keep them in condition to be readily consulted. The accommodation thus offered the Association for accumulating and preserving its library free of cost is generous and most encouraging. Gentlemen having scarce and valuable American medical publications, will not hesitate to deposit them in such a safe, central, and national repository, where they will be preserved from destruction and their usefulness secured to the profession.

An appeal for contributions to this library is now made, personally and distinctly, to each and every American Physician, Medical Publisher, and Editor, to deposit copies of their works in this repository, where they will be carefully kept for reference and catalogued with the name of the donor.

We, the undersigned, members of the American Medical Association, having been selected to carry into effect, as far as practicable, the resolution of the Association to establish a Library, have now completed all the necessary arrangements for the reception and preservation of those books which may be

sent to our care. Contributions of the class of works mentioned are therefore respectfully and earnestly solicited from every source. Packages may be sent by mail or by Adams' express to either of us, which will be promptly acknowledged on reception, and a record of titles kept. The library mark of the Association will be pasted on the inside of the cover of each volume, which will contain also the name of the donor.

Hoping that you may further the project to the extent of adding at least your own productions,

We remain, respectfully,

ROBERT REYBURN, M.D., *Librarian.*

JOSEPH M. TONER, M.D., *Library Committee.*

ETHERIZATION AND BOSTON.—That Bostonians are remarkably sensitive on the subject of Etherization and its dangers, is evident from the number of certificates and letters we publish in the present number of THE EXAMINER, concerning the statement made by Dr. POWELL, at the recent meeting of the Illinois State Medical Society.

If their sensitiveness had not been remarkable, they would probably have delayed the certificate business long enough to have, at least, asked for a note of explanation either from the Secretary of the Society or Dr. POWELL, or both. The history of the matter, so far as relates to the proceedings of the Illinois State Medical Society, is as follows: The comparative danger of different anæsthetics being the subject immediately under discussion, Dr. POWELL related the fact, that while on a visit to one of the hospitals in Boston, he saw ether administered to a patient who was to undergo some operation on the urethra. He said the patient passed under the influence of the anæsthetic, and the surgeon commenced the operation, when it was soon noticed that respiration had ceased. Immediate efforts were made to resuscitate the patient, and with partial success, but not so complete but that he was soon wrapped up and removed from the room. Dr. POWELL called at the hospital on the following day, and on inquiring of the Assistant-Surgeon, understood him to say that the patient died on the previous night. Dr. POWELL simply stated what he supposed to be the facts, without saying whether the anæsthetic killed

the patient or not. The Secretary, in his minutes, put down the inference that would be drawn from Dr. POWELL's statement, instead of the statement itself. The only important error of fact in the statement of Dr. POWELL, and on which all errors of inference depended, was the misunderstanding or *misinformation* in regard to the patient having died the evening after the operation. It appears from the statement of Dr. CHEEVER and the hospital records, that he lived a considerable time after the operation, and died with disease of the heart. Would it not be well for all surgeons to ascertain whether patients have organic disease of the heart, before they give the anæsthetic, and when they operate publicly, to inform such practitioners and students as may be looking on, when such complication exists? Would not such precaution both lessen the number of accidents to patients and the liability to false inferences by others?

MR. EDITOR,—In the *Chicago Medical Examiner* for July, 1869, p. 407, in a "report of the nineteenth Annual Meeting of the Illinois State Medical Society, commencing May 18, 1869, in the City of Chicago"; on Thursday morning, the third day, in a general discussion on Chloroform and Ether, there occurs the following paragraph:—

"Dr. E. Powell stated the fact that a few years since he saw the Ether administered to a patient in the Hospital at Boston, Massachusetts, who died directly from the effects of the inhalation."

If by the Hospital at Boston, Massachusetts, is meant the Massachusetts General Hospital, the undersigned, comprising all the past and present surgeons of that Institution, now living (with the exception of Dr. H. J. Bigelow, who is temporarily absent from the City), desire to say, that no patient ever died from the inhalation of Ether in that Hospital, nor are they cognizant of any such occurrence in Boston or elsewhere.

S. D. TOWNSEND, *late Surgeon M. G. H.*

HENRY G. CLARK,

SAMUEL CABOT,

GEO. H. GAY,

R. M. HODGES,

ALGERNON COOLIDGE,

BENJ. S. SHAW, *Resident Physician.*

Boston, July 29, 1869.

} *Attending*

} *Surgeons.*

MR. EDITOR,—My attention having been called to a statement made by Dr. E. Powell, at the last annual meeting of the Illinois State Medical Society, and published in the *Chicago Medical Examiner*, Vol. X., No 7, July, 1869, at page 407, to the effect that "he saw, a few years since, ether administered to a patient in the [City] Hospital at Boston, Mass., who died directly from the effects of the inhalation," I beg leave to say:—That I remember perfectly that on one occasion Dr. Powell was present in the amphitheatre of the City Hospital. I was operating on a patient, by Syme's operation, for perineal section. He became very seriously affected under the etherization; the operation was suspended; stimulants and artificial respiration were employed; the patient rallied; the operation was resumed and completed without further etherization, and the patient subsequently lived *twenty days*, and died of pyæmia. He was found to have had a serious valvular disease of the heart. He was an old man, enfeebled by extravasation of urine. For the details I would refer to the Hospital Records, Vol. XV., p. 104.

As the statement of Dr. Powell was wanting in precision and void of fact, I have thought it right to place the whole truth before you. No case has yet occurred at the City Hospital of death from an anæsthetic. Sulphuric ether (Squibb's, or Powers & Weightman's) is the anæsthetic employed in this Hospital.*

Respectfully,

D. W. CHEEVER, M.D.

One of the Surgeons of the Boston City Hospital.

Boston, August, 1869.

From Vol. XV., Surgical Records of the Boston City Hospital, p. 104 *et seq.*:—

"Feb. 18, 1868. Edward Boice, laborer, æt. 50, No. 1 Friend St. Ten years since, contracted gonorrhœa. Five years ago, had stoppage of urine. Three years ago, had another stoppage, water coming away by drops greater part of the time, causing severe pain. Fourteen days ago, began to be troubled with stoppage and increased pain, which produced great straining; to micturate was almost impossible. Eight days ago, first noticed a small lump just anterior to the scrotum, which enlarged on straining (on under side of penis). Since that time the whole organ has been infiltrated, either by urine or serum, so that it was twice the normal size when seen to-day. About two inches of the base is as hard as a stick, the rest œdematous.

*As we are about going to press, we would here say that we wrote to Dr. Powell, a week ago yesterday, asking him for further advices as to what he saw in the case he alludes to in "the Hospital in Boston, Massachusetts." His reply has not yet come to hand.—EDITOR, August 10th, 1869.

Phymosis. The scrotum and perinæum are not affected. His urine had entirely stopped, so that he had not urinated for the last twenty-four hours. Bladder very much distended. In great misery.

"Seen by Dr. Cheever at 12, M., and it was found that the urethra was entirely closed about two inches from the meatus. Stricture very firm indeed. He punctured the bladder through the rectum, and drew off about two pints of urine. Removed the canula, and allowed it to dribble through into the rectum. Made three incisions in the base of the penis, and ordered him to be kept under opiates if in pain.

"Feb. 21st.—Etherized and placed in the lithotomy position. A sharp-pointed, grooved staff was passed into the urethra, but it was found impossible to insert it over an inch. An incision was then made down upon the urethra anterior to the scrotum, and the urethra laid open nearly two inches.

This allowed the staff to pass along beneath the scrotum, but another obstruction and a false passage were found. At this time the patient became very feeble. Respiration stopped. Pulse very slow and feeble—at last it stopped. Place him upon his back, and by persevering in artificial respiration, by throwing both arms about the head and then down against the sides, succeeded in restoring patient to life. No more ether was given. An incision was made down upon the bulb, urethra found and opened, and an elastic catheter passed into the bladder and kept there.

"Evening visit. Good pulse, but slightly delirious. Water passes freely through the catheter.

"Feb. 22.—Passed a comfortable night and is rational now. Is comfortable. * * *

"Feb. 27.—Rested very well during the night. Swelling of the knee increased. Effusion into the joint. Whole leg nearly to the hip more or less oedematous. Blush of knee and leg increased. Veins of thigh loaded. Complaints of pain in the knee. No chills or sweats. Wound in perineum and penis looks well.

* * * * *

"March 12.—A very restless night. Hiccoughs and considerable pain. Abdomen very tympanitic and a slight blush just above the pubes. Pulse feeble. Appetite poor. Evidently failing. Emesis. Evening—Failing. But very little urine. Pulse feeble. Countenance pale. 10.40 P.M. Dead. Caused probably by pyæmia and peritonitis. No autopsy."

A true copy, GEORGE B. STEVENS, *House Surgeon.*

MORTALITY FOR THE MONTH OF JULY, 1869:—

Accident, burned	2	" general	3	tion of	2
" brain, concussion of,	1	Delirium tremens	2	Laryngitis	1
" drowned	13	Diarrhoea	31	Liver, cirrhosis and enlargement of	1
" fall	2	" and convulsions	4	Liver, hæmorrhage of	1
" fracture of skull	1	" and teething	1	Lungs, congestion of	1
" by machine	1	" and whooping-cough	1	Mania	2
" dose of acornite	1	" chronic	3	Measles	34
" unloading vessel	1	Diphtheria	11	" and pneumonia	2
" rupture of blood vessel	1	Dropsy	7	" and whooping-cough	1
" railroad	4	Dyspepsia	1	Meningitis	5
Anæmia	2	Dysentery	18	" cerebro-spinal	4
Aneurism aorta, rupture of	1	" acute	2	" tubercular	5
Anus, imperforate	1	" and bronchitis	1	Mumps	1
Apoplexy	1	Empyema	1	Nutrition, defective	2
Births, premature	18	Encephalitis	2	Old age	6
" still	47	Enterocolitis	2	Parotitis	1
" tedious	1	Enteritis	15	Paralysis	2
Bowels, inflammation	6	Exhaustion	1	" and brain, softening of	1
" obstruction of	2	Erysipelas	2	Pericarditis	1
Brain, congestion of	5	Fever, congestive	1	Peritonitis	6
" stomach and bowels, inflammation of	1	" puerperal	3	" puerperal	3
" inflammation	5	" remittent	3	Pneumonia	16
" softening of	1	" scarlet	61	" broncho	1
Bronchitis	2	" malignant	5	" and measles	1
" and whooping-cough	1	" " and convulsions	2	" and congestion of lungs	1
Cancer of femoral artery and gangrene	1	" " and abscess neck	1	Rheumatism	1
Cancer, ventricle	1	" typhoid	17	Scrofula	1
Childbirth	2	" typhus	1	Small-pox	2
Chlorosis	1	Gangrene, traumatic, result of accident	1	Spine, disease of	2
Cholera infantum	186	Gastritis	2	Suicide	2
" " and teething	1	Gastro-enteritis	1	Sun-stroke	3
Cholera morbus	4	Heart, disease of	9	Syphilis, hereditary	1
Convulsions	72	" and liver, disease of	1	Tabs, mesenterica	25
" and teething	1	" dropsy of	1	Teething	15
Croup	4	" hypertrophy of	2	" and convulsions	3
" diphtheretic	1	" rupture of	1	" and diarrhoea	3
Consumption	39	" organic disease of	3	Thigh, amputation of, from wound of knee joint	1
" and gastritis	1	Hemiplegia	1	Uremia	1
Cyanosis	2	Hepatitis, chronic	1	Uterus, cancer of	1
Debility	8	Hydrocephalus	8	Whooping-cough	11
		" acute	3	" and convulsions	2
		" and teething	1	" and teething	1
		Inanition	15	Worms, stomach	1
		Intemperance	1	Unknown	2
		Jaundice	1		
		Kidneys, Bright's disease of	2	Total	815
		ease of	2		
		Kidneys, inflammation	2		

COMPARISON.

Deaths in July, 1869, 815 | Deaths in June, 1868, 892 | Decrease, 87
 Deaths in June, 1869, 434 | Increase, 381

179
 258
 437
 892
 815
 57

AGES.

Under 1	392	30 to 40	39	80 to 90	4
1 to 3	158	40 to 50	31	90 to 100	0
3 to 5	39	50 to 60	15	Unknown	1
5 to 10	49	60 to 70	16		
10 to 20	31	70 to 80	5	Total	815
20 to 30	35				
Males	433	Females	382	Total	815
Single	702	Married	113	Total	815
White	811	Colored	4	Total	815

NATIVITY.

Bohemia	4	England	8	Sweden	30
Canada	10	France	2	Switzerland	1
Chicago, Native	175	Germany	71	Unknown	4
Chicago, Foreign	326	Ireland	45		
U. S., other parts	109	Norway	22	Total	815
Denmark	3	Scotland	5		

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Pop. in 1868.	One death in	Mortality.	
1	8	9,094	1,136	Accidents	23
2	16	13,074	817	Convent of Sacred Heart	1
3	50	15,076	301	County Hospital	11
4	54	17,796	329	Deaconess Hospital	1
5	40	16,033	400	Home for Friendless	2
6	49	13,083	280 5-6	Immigrants	44
7	87	25,492	293	Jewish Hospital	1
8	66	15,813	239 3-5	Mercy Hospital	1
9	45	19,297	428 7-8	Manslaughter	2
10	25	12,925	517	Protestant Orphan Asylum	2
11	46	14,340	312	St. Joseph Orphan Asylum	13
12	74	17,485	236	St. Luke's Hospital	2
13	29	11,164	385	Suicide	2
14	43	14,839	345		
15	41	21,078	514	Total	815
16	32	15,465	483		

HOW TO PREVENT TYPHOID FEVER.—In the British Medical Journal of March 28, Dr. Wm. Budd advocates the following means to prevent the spread of typhoid fever:

The means by which typhoid fever may be prevented from spreading are very simple, very sure, and their cost next to nothing. They are founded on the discovery that the poison by which this fever spreads is almost entirely contained in the discharges from the bowels. These discharges infect—1. The air, of the sick room; 2. The bed and linen of the patient; 3. The privy and the cesspool, or the drains proceeding from them. From the privy or drain, the poison often soaks into the well, and infects the drinking-water. This last when it happens, is of all forms of fever-poisoning the most deadly. In these various ways, the infection proceeding from the bowel-discharges often

spreads the fever far and wide. The one great thing to aim at, therefore, is to disinfect these discharges on their very escape from the body, and before they are carried from the sick room. This may be perfectly done by the use of disinfectants. One of the best is made of green copperas. This substance, which is used by all shoemakers, is very cheap, and may be had everywhere. A pound and a-half of green copperas to a gallon of water is the proper strength. A teacupful of this liquor, put into the night-pan every time it is used by the patient, renders the bowel discharge perfectly harmless. To disinfect the bed and body linen, and bedding generally, chloride of lime or MacDougall's powder is more convenient. These powders should be sprinkled by means of a common dredger, on soiled spots on the linen, and about the room, to purify the air. All articles of bed and body linen should be plunged, immediately on their removal, from the bed, into a bucket of water containing a tablespoonful of chloride of lime or MacDougall's powder, and should be boiled before being washed. The privy, or closet, and all drains communicating with it, should be flushed twice daily with the green copperas liquid or carbolic acid, diluted with water. In the event of death, the body should be placed, as soon as possible in a coffin sprinkled with disinfectants. Early burial is on all accounts, desirable. In towns and villages where the fever is already prevalent, the last rule should be put in force for all houses, whether there be fever in them or not, and for all public drains. As the hands of those attending on the sick often become unavoidably soiled by the discharges from the bowels, they should be frequently washed. The sick-room should be kept clean and well ventilated, day and night. The greatest possible care should be taken with regard to the drinking-water. Where there is the slightest risk of its having become tainted with fever poison, water should be got from a pure source, or should at least be boiled before being drank. Immediately after the illness is over, whether ending in death or recovery, the dresses worn by the nurse should be washed or destroyed, and the bed and room occupied by the sick should be thoroughly disinfected. These are golden rules. Where they are neglected, the fever may become a deadly scourge. Where they are strictly carried out, it seldom spreads beyond the person first attacked.

"N. B.—A yard of thin wide-width gutta percha placed under the blanket, under the breech of the patient, by effectually preventing the discharges from soaking into the bed, is a great additional safeguard."—*New Orleans Jour. of Med.*

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The preliminary Term will open on Wednesday, September 15th, 1869, and will continue until the opening of the Regular Session, October 13th, 1869. A distinctive feature in the method of Instruction in this College is the union of Clinical and Didactic Teaching; and all the Lectures are given within the Hospital grounds. The same number of Didactic and Clinical Lectures will be given during the Preliminary as during the Regular Term.

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WM. CLENDENIN, M.D.—Descriptive and Surgical Anatomy.
JOHN A. MURPHY, M.D.—Principles and Practice of Medicine.
W. H. MUSSEY, M.D.—Descriptive and Operative Surgery.
H. E. FOOTE, M.D.—Principles of Surgery and Special Pathology.
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W. H. TAYLOR, M.D.—Physiology, Pathology, and Morbid Anatomy.
S. A. NORTON, M.D.—Chemistry and Toxicology.
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D. W. YANDELL, M.D., Professor of Clinical Surgery.
THEOPHILUS PARVIN, M.D., Professor of the Medical and Surgical Diseases of Women.
R. O. COWLING, M.D., Demonstrator of Anatomy and Assistant to the Chair of the Principles and Practice of Surgery.
W. WALLING, M.D. and R. H. SINGLETON, M.D., Assistant Demonstrators of Anatomy.
JAMES MCCARTHY, M.D., Prosecutor to the Chair of Anatomy.

The next Regular Session will commence on the first Monday in October, and continue until the first of March.

A Preliminary Course of Lectures, Didactic and Clinical, will commence on the second Monday in September, and continue until the Regular Session begins.

FEES.

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FEES.

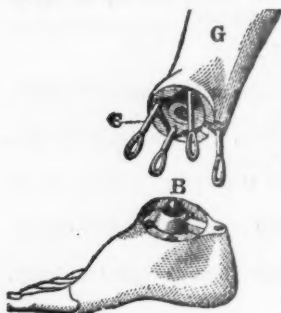
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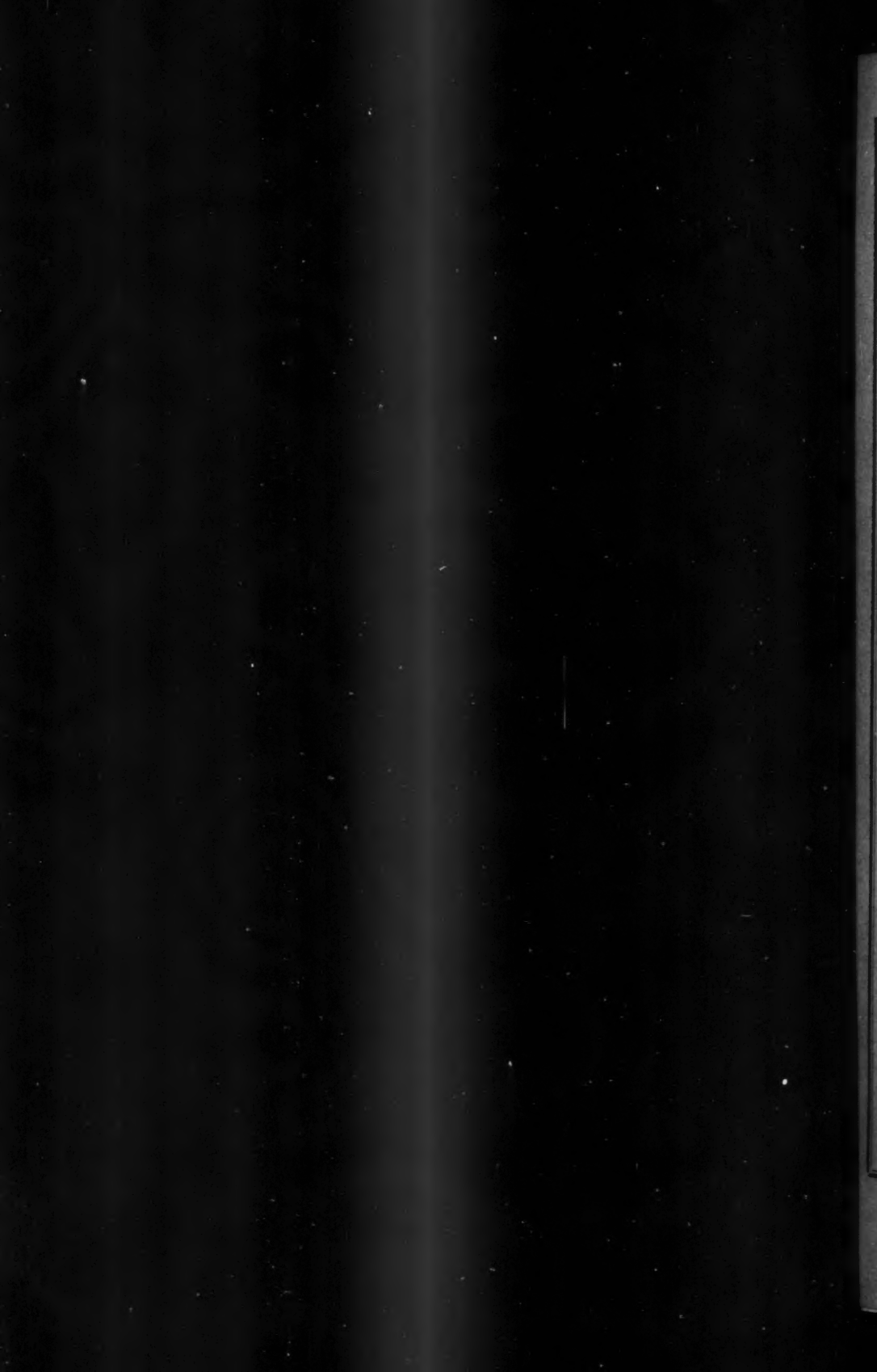
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